

Registration District No. 146

Primary Registration District No. 5568-3026

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1525 Sterling
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
3 1/2 months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999
(c) City or town Los Angeles (If outside city or town limits, write "RURAL") 7
(d) Street No..... (If rural, give location) 0
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada 2

3. (a) PRINT FULL NAME George McVean

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Jennie McVean 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 23 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 19 hr. min.

9. Birthplace Toronto Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Proof Reader

12. Name William McVean
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth O'Reilly
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. C. Dannenberg
(b) Address 4424 Mill Creek Blvd.

17. (a) Burial (b) Date thereof 11-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd St.

19. (a) 11-13-43 James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1943 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from Sept 1942 to Nov 12 1943
that I last saw him alive on Nov 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis
Due to Bed sores 6 mo
Due to Pressure from Confinement to bed 10 mo
Other conditions Arteriosclerosis 5 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 97
Of operations: ✓
Of autopsy: ✓
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Necker (M. D. or other)
Address Independence Mo Date signed Nov 12

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

10/10/12

Dr. A. C. Hebertson
1205 S. Main
Independence, Mo.
12:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed Walter D. Irwin

Licensed Embalmer No. 4352

P. O. Address Kans City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.