

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 28 1944

90

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen Hosp #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: 8 days In hospital or institution. (Specify whether years, months or days)

In this community 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1336 Park
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME McLain Minnie

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 29 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Ark (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name William McBird

13. Birthplace Ky (City, town, or county) (State or foreign country)

14. Maiden name Starat York

15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Ruthie Dodd

(b) Address 1336 Park

17. (a) Removal (b) Date thereof 1/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Mo

18. (a) Signature of funeral director Walter Mayberry

(b) Address 2315 Pennsylvania

19. (a) Jan 7 1944 (b) J E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1944 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from Dec 26, 1943, to Jan 4, 1944; and that death occurred on the date and hour stated above.

that I last saw h. er alive on Jan 4, 1944

Immediate cause of death: Meningitis cerebri seriosa
Type unclassified of non-epidemic

Due to _____

Due to _____

Other conditions: 8/10
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy See Above

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature L. E. Walker (M. D. or other) M.D.
Address 72 Mcleary Date signed 1/7/44

WHILE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
43
39
35697

Burial is called by
Salem Ave -
them to get back
A. interment -
Who did they call?
Refers to funeral home
Under the name they were
going - to ask
w/ things per
Paper contract

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.....

Ray E. Snow

Licensed Embalmer No. 1560

P. O. Address. R. O. 7706

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

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