

S. No. 2
4-5-42
5-17-39
X32873

FILED FEB 24 1944

Registration District No. 149 Primary Registration District No. 1002

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether)

In this community **40 Years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **7**

(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")

(d) Street No. **6227 Valley Road**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **JOHN A. McMASTER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **Feb.** day **4**
year **1944** hour **8** minute **56** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth D. McMaster**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **August 3rd 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-3** to **2-4** 1944
that I last saw him alive on **2-4** and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **6** Days **1** If less than one day
hr. min.

Immediate cause of death **Intubation** Duration **7 day**
Photostation

Due to **Adhesions**

Due to **Non-malignant**

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

10. Usual occupation **Dentist**

11. Industry or business _____

12. Name **Andrew McMaster**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Elizabeth D. McMaster**

(b) Address **6227 Valley Road**

17. (a) **Cremation** (b) Date thereof **2-8-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd street**

19. (a) **2-7-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Abnormal**
Of operations **Tonals**

Of autopsy **W** **177 N**

PHYSICIAN
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **1**

23. Signature **H. H. Hill** (M. D. or other)

Address **1025 Birch** Date signed **2-5-44**

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

MOTHER FATHER

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 H. Erwin
Licensed Embalmer No. 4352
P. O. Address Kansas 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.