

Case Report to Bureau of Census, Washington, D. C.
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp Crowder, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Unknown

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

(d) Street No. 1215 W. 81st Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph P. McLican

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Catherine McLican 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: September 25 1910
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 5 If less than one day -- hr. -- min.

9. Birthplace: East Parie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Soldier's service record

(b) Address Camp Crowder, Missouri

17. (a) Removal (b) Date thereof Mar. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 3-3-1944 (b) Orley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1944 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1944 to 1944,
that I last saw him alive on dead when exam. March 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the heart, right auricle and ventricle.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 9504

Major findings: Of operations.....

Of autopsy.....

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 ---

23. Signature Leo Paluszki Capt. (M. D. or other) LC
Address Camp Crowder, Missouri Date signed 3-1-44

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

RECEIVED 3-9-44
District Health Officer No. _____
District File Number 244-42
Date Filed 3-10-44

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 Emmal Kneel
Licensed Embalmer No. 391
P. O. Address Carthage

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.