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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20744

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2532

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:
615 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 615 Woodland
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~John~~ Harry E. McLain

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

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife unk

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

7. Birth date of deceased March 3, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	10	____ hr. ____ min.

9. Birthplace Savannah, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Contractor

FATHER
12. Name John S. McLain
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nadine McLain
(b) Address 615 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City, Mo.

19. (a) 6-15-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day thirteenth year 1944 hour 11:20 minute P M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw h Deputy Coroner 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart

Due to Disease

Due to

Other conditions 93 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & History

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. E. Asher (M. D. or other) M.D.

Address 23 McCoy Date 6/14/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1944

AUG 8 1957

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], or by Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Ingerman

Licensed Embalmer No. 2744

P. O. Address K.C. Mo.

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

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