S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23791

Registration District No. FILED AUG 14 1944

Primary Registration District No. 1002

Registrar's No. 3166

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:
K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 13 days (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2941 Prospect 8
(If rural, give location)

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

3. (a) PRINT FULL NAME Leroy McClellan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Ruth

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 29 (Day) 1885 (Year)

8. AGE: Years 59 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Cyrus McClellan
13. Birthplace [illegible] (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ora Daniels
15. Birthplace [illegible] (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Records Gen. Hospital K.C. Mo.

(b) Address K.C. Mo. Ethyle Sullivan 3620 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Kansas, Girard

18. (a) Signature of funeral director Pumpsy Funeral Home

(b) Address Missouri Kansas

19. (a) 8-2-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1944 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 18, 1944, to August 1, 1944;
that I last saw him alive on August 1, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Regional ileitis with perforation and acute fibrino purulent peritonitis	
Due to	
Due to 129	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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

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

Address Med. Dir. Gen'l Hos. Date signed 8-2-44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4185

P. O. Address Missouri Kansas

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.