

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27957

State File No. ....

FILED SEP 8 1944

Registrar's No. 109

Registration District No. 150

Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Jackson County Home for aged  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mo. 11 days  
(Specify whether)

In this community 14 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 24th & Cherry  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie M. McClure

3. (b) If veteran, name war WW

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Clifford

6. (c) Age of husband or wife if alive 186

7. Birth date of deceased: May 25 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 6 If less than one day

79 2 3 hr. min.

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

10. Usual occupation retirement

11. Industry or business Retired

12. Name Chas. Nicholson

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

14. Maiden name Mary Kearney

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

16. (a) Informant Rural Jackson County Home

(b) Address Rt. 2, Independence Mo

17. (a) Reinterment (b) Date thereof 8-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topick, Kansas

18. (a) Signature of funeral director J. P. Blackman

(b) Address Kansas City, Mo

19. (a) Aug 16 1944 (b) J. M. Blackman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1944 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to Aug 15, 1944  
that I last saw h. ex alive on Aug 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H68

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? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature J. W. Seene (M. D. or other)

Address Independence Date signed 9/16/44

1162

(Licensed Embalmer's Statement on Reverse Side)

MW

SEP 8 1944

**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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address RC 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.**