

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 12 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4857

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:
3405 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3405 Baltimore
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS HELEN MCKEAN

(b) If veteran, name war No

(c) Social Security No. No

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

7. Birth date of deceased: Not known
(Month) (Day) (Year)

8. (b) Name of husband or wife Ernest McKean 6. (c) Age of husband or wife if alive _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 70 Yrs. hr. _____ min. _____

9. Birthplace Not known
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House wife

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Fagan.

(b) Address 3407 Baltimore

17. (a) Burial (b) Date thereof Nov 23th
(Burial, cremation, or removal) (Month) (Day) (Year)
Elmwood

(c) Place: burial or cremation Quirk & Tobin Co.

18. (a) Signature of funeral director 20 W. Linwood

(b) Address _____

19. (a) 11-26-45 (b) Stearldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd
year 1945 hour 11 minute 06 M.

21. I hereby certify that I attended the deceased from July 29
1945 to Nov 23 1945
that I last saw her alive on Nov 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration _____

Due to _____

Due to _____

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)
Sclerosis

Major findings:
Of operations _____

Of autopsy 938

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? _____ Means of injury _____

23. Signature Herby McIntire (M. D. or other) _____
Address 1124 P. 3rd St Date signed 11/24/45

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.....

Charles M. Quinn

Licensed Embalmer No.....

3774

P. O. Address.....

K. C. 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.