

FILED NOV 21 1945

Registration District No. 146

Primary Registration District No. 5568

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Rural Blue Lumps
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1620 Northern Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Rural Blue Lumps
(If outside city or town limits, write "RURAL")
(d) Street No. 1620 Northern Boulevard
(If rural, give location)
(e) Citizen of foreign country? → (Yes or No)
If yes, name country →

3. (a) PRINT FULL NAME Mary Inez McClure
3. (b) If veteran, name war →
3. (c) Social Security No. →

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed
6. (b) Name of husband or wife →
6. (c) Age of husband or wife if alive → years
7. Birth date of deceased May 22nd 1854
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>21</u> | <u>5</u> | <u>6</u> | <u>hr. → min.</u> |

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business →

MOTHER FATHER

12. Name Don't Know
13. Birthplace →
(City, town, or county) (State or foreign country)
14. Maiden name →
15. Birthplace →
(City, town, or county) (State or foreign country)

16. (a) Informant James C. McClure
(b) Address 119 E 76th Kansas City Mo
17. (a) Burial (b) Date thereof Oct 31 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Cemetery Moberly Mo

18. (a) Signature of funeral director Att. Mitchell
(b) Address 310 N. Main St. Independence Mo
19. (a) 10-30-45 (b) Emilio Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th
year 1945 hour 10:45 minute → M.
21. I hereby certify that I attended the deceased from 1935 to Oct 28, 1945;
that I last saw her alive on Oct 26, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Ch. Hypertension
Due to Hypertension
Due to →
Other conditions →
(Include pregnancy within 3 months of death)
Major findings: 940
Of operations →
Of autopsy →

Duration 10 yrs
10 yrs
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 Georgi Veltov (M.D. or other MD)
Address 11222 Union Rd. Independence Mo Date signed 10-29-45

1163

Mo

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry J. Mitchell
..... Licensed Embalmer No. 3925
..... P. O. Address Indep. 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.