

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1564

State File No.

Registrar's No.

5394

FILED JAN 21 1946

Registration District No. 149

Primary Registration District No. 1002

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 55 years

3. (a) PRINT FULL NAME John W. McChan

3. (b) If veteran, name war No 3. (c) Social Security No. 493-12-4500

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 2, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Shepherdstown W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Dept

11. Industry or business Weber Engine Works

12. Name Geo. McChan

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

14. Maiden name Elizabeth Unsold

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

16. (a) Informant Mrs. Clara McChan

(b) Address 920 Bennington

17. (a) Removal (b) Date thereof 12/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 12-28-45 (b) Sheraldine Holmes
(Date received from Registrar) (Registrar's signature)

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. 920 Bennington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1945 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-15 to 1945

that I last saw him alive on Dec 24 and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar pneumonia

Due to

septic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

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 [Signature] (M. D. or other)

Address 3815 [Address] Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
100341

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

D. Wyatt
3856 Prospect
810 W 57th

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 14 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.