

FILED JAN 21 1946

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 35

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:
North East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hours
(Specify whether
In this community 60 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. 2633 Cypress
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maggie Belle McLallen

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Millard McLallen 6. (c) Age of husband or wife if alive * years
7. Birth date of deceased December 17 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Cowel Gray
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Dalilah
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. M. McLallen
(b) Address 2633 Cypress
17. (a) Burial (b) Date thereof 1-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn
19. (a) 1-4-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 2 1946
19 46 to 19 46
that I last saw her alive on 1-2-46
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Degeneration
Duration

Due to Carcinoma of Liver & metastasis to colon & eye

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 46 f
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?

While at work? (Specify type of place) (Means of injury)
23. Signature John T. Chapman (M.D. or other)
Address 384 S. 27th St. Kansas City, Mo. signed 1-7-46

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

1112

Dr. W.W. Thompson
27th. & Cleveland
1 to 5 Thursday

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.....

P. O. Address.....

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.