

No. 2  
M-5-43  
7-5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. GOVERNMENT PRINTING OFFICE: 1946  
STANDARD CERTIFICATE OF DEATH

27237

State File No. \_\_\_\_\_

FILED SEP 3 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3650

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

26078

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 - 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MO  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN K. McCLAIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Doris McClain

6. (c) Age of husband or wife if alive 3 1/2 years

7. Birth date of deceased Dec 31 1902  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation car dealer + filling station

11. Industry or business filling station

12. Name James H. McClain

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

14. Maiden name Pora Carter

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

16. (a) Informant DORIS McCLAIN

(b) Address TARKIO MO.

17. (a) REMOVAL (b) Date thereof 8-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TARKIOLEM. Rockport Mo

18. (a) Signature of funeral director BERTRAM

(b) Address Rockport Mo

19. (a) 8-23-46 (b) Maldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 3

(c) City or town TARKIO (If outside city or town limits, write "RURAL") 2

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no. (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from July 19 1946, to Aug 27 1946, that I last saw him alive on Aug 27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Portal Carcinosis of Liver, with Gastric Hemorrhage.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1246

Of operations: \_\_\_\_\_

Of autopsy As above

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? \_\_\_\_\_

23. Signature W. K. Holmes (Specify title of place) \_\_\_\_\_  
(M. D. or other) \_\_\_\_\_  
Address 2800 Holmes, K.C. Mo. Date signed 8-22-46

APR 17 1947

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**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 *Bernard L. Brown*  
Licensed Embalmer No. *4250*  
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.**