No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36422

State File No.

FILED NOV 22 1946

Registration District No. 72

Primary Registration District No. 4289

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 169 Higway and Crestview Add. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXXX (Specify whether
In this community 6 months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Missouri (b) County Clay

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

(d) Street No. 4501 Randolph Crestview Add
R.R. 4 N.K.C. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Douglas Dean Mc Cammon

3. (b) If veteran, name war No

3. (c) Social Security No. No/

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XXX

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased Dec. (Month) 25 (Day) 1934 (Year)

8. AGE: Years 11 Months 10 Days 4 If less than one day XX hr. XXX min.

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

10. Usual occupation School 7th Grade

11. Industry or business North Kansas City Public

FATHER
12. Name F. Dean Mc Cammon
13. Birthplace Esbon (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Viva Bright
15. Birthplace Norton (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mr.&Mrs F. Dean Mc Cammon
(b) Address 4501 Crestview Add. R.R. 4 N.K.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation East Slope N.K.C.

18. (a) Signature of funeral director Morton-Smith's
(b) Address North Kansas City Mo.

19. (a) Nov 1st 1946 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 30th year 1946 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Coroners case, to, 19;
that I last saw him alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidently struck by an automobile on Hiway 69

Due to

Due to Coroners case

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coroners case 7 OC-8 21

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct. 30-1946

(c) Where did injury occur? N.K.C. (City or town) Clay (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway 69 Crestview addition
(Specify type of place)

While at work? (e) Means of injury

23. Signature R.W. Prather Coroner (M. D. or other) 3

Address Excelsior Springs Mo. Date signed 10-30-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-16-46

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 Thurn O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.