No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27803

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3697

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 913 E 47th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 913 E 47th St. 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT McCLUNG
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 IZZA BELLE McCLUNG
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased AUG (Month) 9 (Day) 1860 (Year)

8. AGE: Years 87 Months 0 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation RETIRED STONE MASON
11. Industry or business 13 YEARS RETIRED
FATHER
12. Name WILLIAM McCLUNG
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name MARGARET KING
15. Birthplace DUBLIN (City, town, or county) IRELAND (State or foreign country)
16. (a) Informant Robt. W. McClung
(b) Address 3506 E 25 St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd, K.C. Mo
19. (a) 8-28-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 26th year 1947 hour 5 minute PM M.

21. I hereby certify that I attended the deceased from 8/2/47 to 8/26/47, 19..., to ..., 19...; that I last saw him alive on 8/26/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis c̄ Cardiac failure	5 days
Due to: Acute cystitis + pylitis	6 wks
Due to: Broncho Pneumonia	3 days
Other conditions (Include pregnancy within 3 months of death) 137a	

Major findings: Of operations Prostatic Obstruction (n.m.o.)
Of autopsy None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Theodore [illegible] (M. D. ~~[illegible]~~)
Address 911 Wald Heim Bldg Kansas City, Mo Date signed 8/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 E Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address 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.