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 JAN 9 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-289

State File No. 41175

Registrar's No. 143

1. PLACE OF DEATH:
(a) County Clay
(b) City or town RR#487 Ex Chester Ave., NKC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, RR#487, Chester Ave., N.K.C.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Rural, North Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR#487 Chester Ave. Barnes Acres
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME ROBERT S. McCLAIN
3. (b) If veteran, name war x
3. (c) Social Security No. 486-09-6817
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy McClain
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased January (Month) 17 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
45	11	1	x hr. x min.

9. Birthplace Camdon Point (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Labor
11. Industry or business Missouri Mapes, N.K.C. Mo.
MOTHER FATHER
12. Name John McClain
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
14. Maiden name Grace Fleshman
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. Daisy McClain
(b) Address 487 Chester Ave, Barnes Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year) NKC
(c) Place: burial or cremation Liberty, Missouri
18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 839 Union Rd N KC Mo
19. (a) Dec-20-1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th year 1947 hour 3 minute 40 a.m.
21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

Coroner case

Immediate cause of death Coronary occlusion	Duration
Due to Coroner case	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) Coronary Occlusion
(b) Date of occurrence 12-18-47
(c) Where did injury occur? N.K.C. Zone 16 Clay Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm or in industrial place, in public place? R.F.D. 487 Chester Ave (Specify type of place)
While at work? (e) Means of injury
23. Signature R.W. Proctor Coroner (M. D. or other)
Address Excelsior Springs Mo Date signed 12-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-8-48

JAN 17 1949

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 Charles D. Thomas, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address KC 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.