

No. 300  
4-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8814  
Registrar's No. 1114

FILED MAR 20 1948  
Registration District No. 149

Primary Registration District No. 1002

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

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:  
3432 FOREST AVENUE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 YEARS years, months or days

3. (a) PRINT FULL NAME MRS. ANNA McMAHAN  
3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife MR. LOREN B. McMAHAN (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased FEBRUARY 19 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JAMES C. GRIFFIN  
13. Birthplace PITTSFIELD ILLINOIS  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY FRANCES RENT  
15. Birthplace UNKNOWN VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. LOREN B. McMAHAN  
(b) Address 3432 FOREST AVENUE

17. (a) BURIAL (b) Date thereof MARCH-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 3-11-48 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3432 FOREST AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8<sup>TH</sup>  
year 1948 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1948 to \_\_\_\_\_, 1948  
that I last saw him alive on Mar 6 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of leg  
arterio-sclerosis  
Senility  
Due to \_\_\_\_\_

Due to Myocarditis

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
938

Duration \_\_\_\_\_  
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 injury)  
(c) Means of injury \_\_\_\_\_

23. Signature Theraldine Holmes (M.D. or other) \_\_\_\_\_  
Address 303 North 1st St Date signed 3-10-48

*Northman Bly*

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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. Moran* .....  
Licensed Embalmer No. *4250* .....  
P. O. Address *N.C. 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.**