S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1948

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16429

Registrar's No. 2291

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:
St Luke's Hospital K. C., Mo. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether
In this community 5 Hours.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay 24

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Box 236 RR#2 Liberty 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country X

**3. (a) PRINT FULL NAME** JUDY KATHERENE McCLURE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May (Month) 30 (Day) 1948 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 0 | 5 hr. 00 min. |

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant Child

11. Industry or business same

FATHER
12. Name Frank D. McClure
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ann Lutjen
15. Birthplace Benton County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Frank D. McClure
(b) Address RR#2 Liberty, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-'48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem, Liberty

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Road, North K.C. Mo.

19. (a) 6-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30th year 1948 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-30-48, 19..., to 5-30, 1948; that I last saw her alive on 5:00 PM 5-30, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Atelectasis | |
| Due to Prematurity 30 wks | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 0 159
Of autopsy 0

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Harold L Garney (M. D. or other)
Address 227 Plaza Med Bldg Date signed 6/1/48

(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 [illegible], Registered Apprentice No. 447 working under my personal supervision.

Signed Theron 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.**