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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1948

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

29865

State File No.

Registrar's No. 3529

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: Campbell Nursing Home-2905 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months 4 (Specify whether years, months or days)
In this community 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Brown 999
(c) City or town Hiawatha 0
(If outside city or town limits, write "RURAL")
(d) Street No. X 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth McLain

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Rev. Austin M. McLain

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

7. Birth date of deceased December 5, 1867 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 23 If less than one day ... hr. ... min.

9. Birthplace Logan County, Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name John Musick
13. Birthplace don't know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachael Shaw
15. Birthplace ----- England 4 (City, town, or county) (State or foreign country)

16. (a) Informant John W. McLain
(b) Address 7341 Wabash Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Kansas City, Ks.

18. (a) Signature of funeral director Geo. F. Porter & Sons
(b) Address 19th & Minnesota * K. C. Ks.

19. (a) 8-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 24 1948, to Aug 28th 1948 that I last saw him alive on Aug 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ascending pyelitis & terminal uremia — Duration 10 days

Due to Carcinoma of sigmoid ulcerating thru urinary bladder — 16 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Walter Cummins (M. D. or other) M.D.
Address 4620 Indy. Ave. Date signed 8/29/48

(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

Howard L. Porter, Registered Apprentice No.,

working under my personal supervision.

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota
Kansas City, Kansas

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.