

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12546

State File No. 1778

FILED MAY 3 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> <u>12 1/2</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>U</u>		c. LENGTH OF STAY (In this place) <u>5 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>5</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1312 Woodland Avenue</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILLARD</u>		b. (Middle) _____		c. (Last) <u>McCLURE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20 1949</u>	
5. SEX <u>MALE</u> <u>2</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> <u>1</u>		8. DATE OF BIRTH <u>JUNE 14 1920</u>	
9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>OKLAHOMA /</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>HENRY McCLURE</u>			13b. MOTHER'S MAIDEN NAME <u>MAYME STAMPS</u>			14. NAME OF HUSBAND OR WIFE <u>--</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>510-14-5264</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BERNICE HOWELL 1312 Woodland Avenue</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GLOMERULONEPHRITIS, SUB ACUTE</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>591X</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4/10/ 1949</u> , to <u>4/20/ 1949</u> , that I last saw the deceased alive on <u>4/20/ 1949</u> , and that death occurred at <u>10:45A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Gills</u> (Degree or title) <u>reg. med.</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>4/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>27th P Blue Ridge, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-22-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adkins Bros. Funeral Home</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed C. Kenneth Kardas

Signed _____
Student Embalmer

Licensed Embalmer No. 4437

P. O. Address _____

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.