

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16007  
1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Joe Kean</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>5605 MICHIGAN AVENUE</u>		

3. NAME OF DECEASED a. (First) <u>BERNICE</u> (Type or Print) <u>Bernice</u>			b. (Middle) <u>ROBERTA H. McCLURE</u>		c. (Last) <u>McCLURE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-49</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 23, 1910</u>		9. AGE (In years last birthday) <u>37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>OSAGE CITY KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>UNKNOWN HANSON</u>		13b. MOTHER'S MAIDEN NAME <u>HILMA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Karl K. McCLURE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-03-1223</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KARL K. McCLURE 5605 MICHIGAN AVE. KANSAS CITY, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor - meningioma</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>hemia</u>  Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Large Brain Tumor</u>		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 4-16, 1949, to 4-30, 1949, that I last saw the deceased alive on 4-30, 1949, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Morris Statland</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1406 Bryant Bldg. K.C., Mo.</u>		23c. DATE SIGNED <u>5/1/49</u>	
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>LOCK SPRINGS MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5-4-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Just T. News*

Signed.....  
Student Embalmer

Licensed Embalmer No. 445-3

P. O. Address 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.