

FILED AUG 26 1950

# STANDARD CERTIFICATE OF DEATH

State File No. ....

3455

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1107 Linwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Maryanna</u>	a. (First) <u>Maryanna</u>	b. (Middle) <u>ANNA</u>	c. (Last) <u>McCalment</u>
<b>4. DATE OF DEATH</b>	(Month) <u>8</u>	(Day) <u>9</u>	(Year) <u>50</u>

<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>JAN-11-1880</u>	<b>9. AGE</b> (In years last birthday) <u>70</u>	IF UNDER 1 YEAR	IF UNDER 12 HRS.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>PAST PRESIDENT</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>WRITER'S GUILD</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>SPRINGFIELD, ILLINOIS</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>WILLIAM BOGART</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARYANN BRAILERY</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>JESSE WILSON McCALMENT</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>H. C. LYON</u>	<b>ADDRESS</b> <u>1107 LINWOOD BLDG. KANSAS CITY MO.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Uremia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Pyelonephritis and hydronephrosis</u>		
	DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>6000</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from Aug. 2, 1950, to Aug. 9, 1950, that I last saw the deceased alive on Aug. 9, 1950, and that death occurred at 9:04P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>R. I. Burns</u> (Degree of title)	<b>23b. ADDRESS</b> <u>24th &amp; Cherry</u>	<b>23c. DATE SIGNED</b> <u>8-10-50</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>CREMATION</u>	<b>24b. DATE</b> <u>AUG-12-1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>D.W. NEWCOMER'S SONS</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>8-12-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>E. I. Burns</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D.W. Newcomer's Sons</u>	<b>ADDRESS</b> <u>1331 BRUSH CREEK KANSAS CITY</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

*B. W. 11*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Bernard A. Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address *M.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.**