

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 23142  
2819

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		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>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3488</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3683 Summit Street</u>				d. STREET ADDRESS (If rural, give location) <u>3683 Summit Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>RULE</u> c. (Last) <u>McLain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-51</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC-9-1910</u>	
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSISTANT MANAGER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TIRE SUPPLY CO.</u>		11. BIRTHPLACE (State or foreign country) <u>DOANVILLE OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>RULE E. McLain</u>			13b. MOTHER'S MAIDEN NAME <u>MARGUERITE CAIRNS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. HELEN MARIE McLain</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>344-10-0389</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HELEN MARIE McLain 3683 Summit St. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Sub. Encephalitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute alcoholism</u> DUE TO (c) <u>laboratory findings positive to</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>alcohol in fatal dosage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3220</u>
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) m.		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>3</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Geo. C. Kealhofer, Dist. Deputy Coroner</u>				23b. ADDRESS <u>4050 Broadway KC Mo</u>		23c. DATE SIGNED <u>7-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>REMOVAL JULY 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD STONINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STONINGTON ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>7-3-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.N. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student .....  
Student Embalmer

Signed

*Basil Honey*

Licensed Embalmer No. *4724*

P. O. Address *Essexland, W.*

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.