

FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43052
5865

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>				
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>9 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		2428		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>927 7300 JARBOE STREET</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>(N.M.T.)</u> c. (Last) <u>MACLENNAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-11-53</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 3, 1943</u>		
9. AGE (In years last birthday) <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT-6TH GRADE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OBERLIN, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. KIND OF BUSINESS OR INDUSTRY <u>GRAMMAR SCHOOL</u>		13a. FATHER'S NAME <u>ARNOLD FRASER MACLENNAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE SCHULTE</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARIE MACLENNAN, KANSAS CITY, MO.</u> ADDRESS <u>7300 JARBOE ST.</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>Malignant Lymphoma</u> ANTECEDENT CAUSES <u>a Generalized Metastasis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> <u>2002</u>	
19a. DATE OF OPERATION <u>10/30/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Malignant Lymphoma left subpectoral region</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 <u>Oct 28, 1953</u> , to <u>12-11-</u> , 1953, that I last saw the deceased alive on <u>12-11-</u> , 1953, and that death occurred at <u>4:10 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>G. M. Ziegler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>330 W 47th St. KCMO.</u>		23c. DATE SIGNED <u>12-12-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 14 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>12-14-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Newcomer's Sons Kansas City, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

10 25 1920

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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. 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.