

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19049

2473

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>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>355 Troupe Street</u> 41509			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>none</u>		c. (Last) <u>MC LIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 10, 1887</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hod carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>brick laying</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Peter McLin</u>		13b. MOTHER'S MAIDEN NAME <u>Katie McClendon</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie McLin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW-1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Official Records, VA Hospital, K.C.Mo.</u> ADDRESS			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple myeloma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>as above</u>					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>as above</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary arteriosclerosis</u>				<u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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>May 14</u> , 19 <u>54</u> , to <u>May 28</u> , 19 <u>54</u> , XXXXXX and that death occurred at <u>9:55p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>THOMAS J. RANKIN, M.D.</u>				23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>		23c. DATE SIGNED <u>5/29/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>6-2-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Davis</u> ADDRESS <u>1415 Truman Pl., K.C. 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.....
Signature of Student Embalmer

Signed *Landis H. Jackson*.....

Licensed Embalmer No. *4850*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.