MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

APR 26 1935

Do not use this space.

9240

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 816 Forest Avenue St. Ward)
File No.
Registered No.

2. FULL NAME Louise C. McLean
(a) Residence, No. 816 Forest Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. , ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John H. McLean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10, 1856

7. AGE: YEARS 79 MONTHS 0 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Pennsylvania

FATHER
13. NAME: John G. ~~Fuss~~ Fess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Louise ~~Crowder~~ Krautter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Miss Georgia McLean 816 Forest Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cemetery DATE 3/21/1935

19. UNDERTAKER (ADDRESS): Stone & McClure 3235 Gillham Plaza

20. FILED Mch 19, 1935 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to March 18, 1935
I last saw her alive on March 18, 1935. Death is said to have occurred on the date stated above, at A. m. 1:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
General Arterio Sclerosis	about Feb 20 1934

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frederick A. Baldwin M. D.
(Address) 317 Argyle Bldg K.C. Mo.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Mo. } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 9240-35
Local Registrar's No. 1190

On this 9th day of May, 1946, before me appears Georgia L. McLean, who, upon her oath, states that the original record of ~~birth~~ death for Louise C. McLean, ~~born~~ died March 18, 1935, in the State of Missouri, and which was filed at Kansas City on 3-19, 1935, should be corrected as follows:

Item No. 12 should read John G. Fuess
Instead of John G. Fuss

Item No. 14 should read Louise Krautter
Instead of Louise Crowder

Item No. ..... should read .....
Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Georgia L. McLean Relationship Daughter

816 Forest Ave. Present Address.

Subscribed and sworn to before me this 9th day of May, 1946

My Commission expires Oct 20, 1947. Carrie M. Ruppelius Notary Public.

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