FILED FEB 26 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14437

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 422

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)
In this community: 3 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2206 Kansas (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John W. Mc Clure, 246
3. (b) If veteran, name war: None
3. (c) Social Security No.: No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaret Mc Clure
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: May 29th, (Month) 1857 (Day) (Year)

8. AGE: Years 82 | Months 7 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:))
MOTHER 12. Name: No Record
FATHER 13. Birthplace: No Record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No Record.
15. Birthplace: No Record. (City, town, or county) (State or foreign country)
16. (a) Informant: Cleda Greuer
(b) Address: 2631 Benton Avenue, K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 30-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Seymore Cemetery-Cainsville Mo.
18. (a) Signature of funeral director: Mrs.C.L.Forster
(b) Address: 918 Brooklyn Avenue, K.C.Mo.
19. (a) Jan. 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 27 year: 1940 hour: 12:00 minute: ____ M.
21. I hereby certify that I attended the deceased from Jan 24, 1940 to Jan 27, 1940 that I last saw him alive on Jan 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Asthma	2 days
Due to: Rheumatism	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): —
(b) Date of occurrence: —
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: J. Henry George (M. D. or other)
Address: 2419 Courtland Date signed: 1-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 ml

, Registered Apprentice No.

working under my personal supervision.

Signed Daniel C. Browning

Licensed Embalmer No. 2729

P. O. Address Kansas City 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, above space should be left blank.