

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 11 1942

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 18

48  
4  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days Specify whether \_\_\_\_\_

In this community 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 401 North Pleasant  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME JAMES F. McMAIN'S

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 14, year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1942 to Jan 14, 1942

that I last saw h. / m. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. male 5. Color white 6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife Mary Kate McMain 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 8, 1855  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 4 days  
Left hemiplegia

8. AGE: Years 86 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertensive Cardiovascular disease

9. Birthplace Iowa (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Retired Grocerman

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name unknown

Of autopsy \_\_\_\_\_

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry M. Main

(b) Address Dallas Texas

17. (a) Removal Passau Kansas (b) Date thereof Jan 15, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director George C. ...

(b) Address Independence, Mo.

19. (a) Jan. 15-1942 (b) James W. Rose  
(Date received local registrar) (Registrar's signature)

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)

23. Signature Chas. Rickard, M.D. (e) Means of injury \_\_\_\_\_

Address Independence, Mo. Date signed 1-15-42

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

