

FILED APR 15 1944 49

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
1310 East Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 1305 E. Armour
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country C

3. (a) PRINT FULL NAME McClellan P. Duncan,

3. (b) If veteran, name war no. 3. (c) Social Security No. 486-26-5124

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased June 26, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Bank

12. Name John Duncan,

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

14. Maiden name unknown Mary Cynthia Graham

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

16. (a) Informant Mrs. Mary E. Vandiver,

(b) Address 1305 E. Armour, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., MO.

19. (a) 4-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1940, to April 2, 1944
that I last saw him alive on April 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 820

Of autopsy Harold A. Pellett

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 Harold A. Pellett M.D. Date signed 4/3/44
Address 1532 Prof. Bldg. K.C., Mo.

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

MOTHER FATHER

Prof. Pallett

Dr. Pallett

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed: *Dixon L. Kealy*

Licensed Embalmer No. *04225*

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, fact should be so stated above.