

No. 2
-12-45
5-17-39
I X47070

FILED MAR 10 1947
Registration District No. **777**

Primary Registration District No. **1002**

Registrar's No. **918**

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

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 DAY**
In this community **4 YRS.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CLAYBORNE Mc FADDEN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **432-22-5240**

4. Sex **MALE** 2

5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CHRISTINE Mc FADDEN**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **DECEMBER 10, 1903**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	2	17	hr. min.

9. Birthplace **OZAN** **ARKANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **COMMON LABORER**

11. Industry or business

MOTHER FATHER

12. Name **BEN Mc FADDEN**

13. Birthplace **OZAN** **ARKANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name **LUANNA Stagers**

15. Birthplace **OZAN** **ARKANSAS**
(City, town, or county) (State or foreign country)

16. (a) Informant **CHRISTINE Mc FADDEN (WIFE)**

(b) Address **625 COTTAGE LANE**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **3/1/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hope, Arkansas**

18. (a) Signature of funeral director **Watkins Bros.**

(b) Address **1729 Lydia Ave.**

19. (a) **2-18-47** (Date received local registrar)

(b) **Heraldine Holmes** (Registrar's signature)

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. **625 COTTAGE LANE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **27**, year **1947** hour **9**: minute **00** P. M.

21. I hereby certify that I attended the deceased from **FEBRUARY 26, 1947**, to **FEBRUARY 27, 1947** that I last saw h. **IM** alive on **FEBRUARY 27, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **LOBAR PNEUMONIA** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **108**

Of autopsy

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 **E. J. Vandy** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **2/28/47**

*certified
copy*

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 *J. Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.