

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics
FILED DEC 9 1947 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:
703 W 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson 48
(c) City or town..... Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No..... 703 W 10th
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country..... 10

3. (a) PRINT FULL NAME..... JOHN HOBERT McFADDEN

3. (b) If veteran, name war..... W W 1 3. (c) Social Security No. none

4. Sex..... 0 male race..... white 5. Color or
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife..... Nellie 6. (c) Age of husband or wife if
alive..... 55 years
7. Birth date of deceased..... February 2 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 9 20 hr. min.

9. Birthplace..... Doerun Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Laborer

11. Industry or business..... Self

12. Name..... William Buchanan McFadden 9

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

14. Maiden name..... Cornelia Pulley

15. Birthplace..... Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Ethel Camp
(b) Address..... 806 Brighton

17. (a) Burial (b) Date thereof..... 11-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Elmwood

18. (a) Signature of funeral director..... CH. Blackman & Son, Inc.

(b) Address..... 2825 Independence Blvd.

19. (a) 11-24-47 (b) Geraldine Holms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... NOV. day..... 22
year..... 1947 hour..... 6 minute..... 15 P. M.

21. I hereby certify that I attended the deceased from.....
Coroner, 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... Bronchitis
Due to..... Coronary sclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 93 D

Of autopsy..... no
History & Progress

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?.....
(Specify type of place)

While at work?..... 3
(e) Means of injury.....

23. Signature..... (M. D. or other)

Address..... 1444 P. St. M. D. Date signed 11-24-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JAN 6 1948
DEC 17 1947

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 *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. 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.