

1939 MAR 9

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5428
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002 Registered No. 627
 (c) City Kansas City (d) Street No. 72 C Gen Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William McGee
 (a) Residence, No. 1204 Washington (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

22. I HEREBY CERTIFY, That I attended deceased from 2-6 29 w. 2-9 39
 I last saw unknown alive on 2-9 29. Death is said to have occurred on the date stated above, at 2:35 PM
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54

Aneurysm of ascend- ing aorta with rupture of the descending aorta
 Date of onset 96

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. T.C. Storey
 9. Industry or business in which work was done, as saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) unknown
 11. Total time (years) spent in this occupation 96

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Recard Clark

18. BURIAL, CREMATION, OR REMOVAL Greenham Cem DATE 2-11-39

19. FUNERAL DIRECTOR (ADDRESS) John P. Fogarty
236 Campbell St

20. FILED 2/14 1939 M.M. Brown Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following
 Accident, suicide, or homicide?..... Date of injury..... 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) P. de Maria M. D.

(Address) 72 C Gen Hosp

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.