

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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

9363  
Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395

(b) Township Raw Primary Registration District No. 1092

(c) City Manassas City (d) Street No. Wheatley Provident Hospital Registered No. 969

(e) Length of residence in city or town where death occurred hrs. mos. ys. (f) How long in U. S., if of foreign birth?  yrs. mos. ds.

2. PRINT FULL NAME Marshall Mc Gary

(a) Residence, No. 1018 State St. St.  K 6 Kans

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lina Mc Gary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1890

7. AGE YEARS 48 MONTHS 11 DAYS 29 IF LESS THAN 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Edmund Mc Gary

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

MOTHER

15. MAIDEN NAME Mary Funder

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

17. INFORMANT (ADDRESS) Blanche Moseley  
1018 State St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn DATE March 29 1939

19. FUNERAL DIRECTOR (ADDRESS) Nathan W. Fletcher  
1520 N. 5th St.

20. FILED 3/3 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 23 1939 to Feb 27 1939

I last saw him alive on Feb 27 1939. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia

Date of onset

Other contributory causes of importance:  
Influenza

Name of operation Physic Date of 1939

What test confirmed diagnosis? Physic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 1 Date of injury 1939  
Where did injury occur? 1 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 1  
(Signed) W. M. D. Lough M. D.  
(Address) 1018 State St.

STATEMENT BY LICENSED EMBALMER

I, B. D. Graham, Licensed Embalmer No. 2540  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. A. Wagner  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

B. D. Graham

Licensed Embalmer No. 2540

**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.)**