

Registration District No. **399**

Primary Registration District No. **1002**

I. 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: 200 West Armour Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether years, months or days) Unknown

8. (a) PRINT FULL NAME Roger Jewell Macoubrie, 216
3. (b) If veteran, name war No. 3. (c) Social Security No. 495-05-6875

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Perry Macoubrie 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 26 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 4 hr. min.

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

10. Usual occupation Photo Engraving

11. Industry or business X

MOTHER FATHER { 12. Name Arthur Macoubrie
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Laura Hamister
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Perry Macoubrie

(b) Address 200 West Armour, K. C., Mo.

17. (a) Burial (b) Date thereof 5-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

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

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

19. (a) May 1, 1940 (b) M. M. Brown
(Date received local registrar) (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. 200 West Armour Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1940 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Crown, 19___;
that I last saw him alive on ____, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Infectious hepatitis, fulminant form, hypochondria
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy See above

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 _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. or other) 5/1/40
Address [Signature] Date signed _____

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

Coroner - Leitch

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

E. M. Plank

Licensed Embalmer No.

1848

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, above space should be left blank.