

JUN 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17132

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1959

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: 3237 East 10 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. 3237 East 10 St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw the deceased _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

*Acute & chronic pulmonary
edema & congestion
Brown atrophy of the heart*

Other conditions 93 C
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
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)
28. Signature Walter J. Hunter (or other) _____
Address K.C. Mo Date signed _____

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

3. (a) PRINT FULL NAME Mary A. Mc Collum 0.45

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Eugene Mc Collum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 20, 1846
(Month) (Day) (Year)

8. AGE: Years 93 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph McConnel

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar D. Mc Collum

(b) Address Blue Springs Mo.

17. (a) Removal (b) Date thereof May 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden Valley Cem.

Moran Kansas

18. (a) Signature of funeral director Mrs. C. J. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) May 10, 1940 (b) Th. M. Crowe
(Date received local registrar) (Registrar's signature)

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 Raymond C. Browning

Licensed Embalmer No. 22 264

P. O. Address W.C. 200

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.