

No. 2
11-10-39
17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20954

JUN 17 1940 399
Registration District No. 4104

Primary Registration District No. 5558

State File No. 1002
Registrar's No. 2571

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

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. 2016 E 82nd Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Billie Joe McCauley

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased January 5 1933
(Month) (Day) (Year)

8. AGE: Years 7 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation At school

11. Industry or business

12. Name Randall D McCauley
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Viola Dale
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Randall D McCauley
(b) Address 2016 E 82nd Terrace

17. (a) Burial (b) Date thereof 4/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Carroll Davisson
(b) Address 3024 Troost

19. (a) _____ (b) R. V. Lindsey, Low
(Date received local registrar) (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 10-1940
_____ 19____ to April 24, 1940
that I last saw him alive on April 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute lymphatic leukemia Duration 5 mo

Due to cause unknown

Due to _____

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

Major findings: Of operations no
Of autopsy no

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?
361
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Norman Clinch MD (M. D. or other) _____
Address 632 Park Blvd, Kero Date signed 4-25-40

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

MOTHER FATHER

For H. E.
1949/12/22

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. P. Casey

Licensed Embalmer No. 1272

P. O. Address 3024 Forest

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.

FILED 1111 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2571

Registrar's No. 2571

Registration District No. 399

Primary Registration District No. 1002

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

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: St. Joseph Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 2016 E. 82nd St. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Billie Joe McCauley

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Jan. 8 1938
(Month) (Day) (Year)

8. AGE: Years 7 Months 3 Days 14 If less than one day _____ min.

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

10. Usual occupation at school

11. Industry or business _____

12. Name Randolph W. McCauley

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

14. Maiden name Helen Dale

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

16. (a) Informant Randolph McCauley

(b) Address 2016 E. 82nd St. Terrace

17. (a) Burial (b) Date thereof 4-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Carroll Davidson

(b) Address 3024 Troost, K.C., Mo.

19. (a) June 24 1940 (b) M. W. Crowe
(Date received local registrar) (Registrar's signature)

DECLARATION OF PHYSICIAN

20. DATE OF DEATH: Month April day 24
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Mar. 10, 1940
to Apr. 24, 1940
that I last saw him alive on Apr. 24
and that death occurred on the date and hour stated above.

Immediate cause of death Acute lymphatic leukemia

Due to unknown

Due to _____

Other conditions none
(include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

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? _____ (e) Means of injury _____

23. Signature Harry E. Ernie (M. D. or other) M.D.
Address 632 Prof. Bldg. K.C. Mo. Date signed 4.25.40

Duration 5 mds.
PHYSICIAN
Underline the cause to which death should be charged statistically.

S-26954