

FILED JUL 15 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2584**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
 (c) Name of hospital or institution: 3822 Virginia
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years
 In this community 50 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. 3822 Virginia Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME: McGEE L MAUDE (Maude L. McGee)

3. (b) If veteran, name war: _____ **3. (c) Social Security No.** none

4. Sex: Female **5. Color or race:** W **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 3, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: James E. McGee

13. Birthplace: New York
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret A. Tamey
Penna.

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

16. (a) Informant: James M. McGee, brother,
5010 FLORA, K. C. MO.

17. (a) Burial: _____ (b) Date thereof: 6/25/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Melody-McGilley
K. C. Mo.

(b) Address: _____

19. (a) June 25, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 rd
year 1940. hour 7:30 minute AM M.

21. I hereby certify that I attended the deceased from Dec
1939 to June 23, 1940
that I last saw her alive on June 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Coronary Thrombosis

Due to: Myocardial Infarction 4-5 yrs

Due to: Rheumatic Heart Disease 20 yrs

Other conditions: Obesity
(Include pregnancy within 3 months of death)

Major findings: 92%
Of operations: _____

Of autopsy: _____

Duration
<u>5-2-40</u>
<u>11-2-39</u>
<u>4-5 yrs</u>
<u>20 yrs</u>

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) no

(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)
(e) Means of injury 1

23. Signature: Don Carlos Pate (M. D. or other)

Address 551 ... Date signed 6-25-40

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

MOTHER FATHER

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. 2997

P. O. Address KC 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.