

1941 FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1191  
Registrar's No. 151

Registration District No. 399

Primary Registration District No. 1002

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: General Hospital #2 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-6-41-1-9-41  
(Specify whether  
In this community 53 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1514 E. 24th St.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jacqueline McGillyon  
3. (b) If veteran, name war. No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 9  
year 41 hour 9 minute 35 P. M.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow 1  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased 1 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-6-, 1941, to 1-9-, 1941;  
that I last saw her alive on 1-9-, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency  
Duration \_\_\_\_\_

8. AGE: Years 69 Months 02 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Acute Pylmonary Congestion  
Due to \_\_\_\_\_

9. Birthplace Rome Georgia /  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings: 9 x B  
Of operations \_\_\_\_\_  
Of autopsy Above Mentioned  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk  
(b) Address Gen. Hosp. #2

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? \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation Blue Ridge

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury 0

18. (a) Signature of funeral director Edna Fahn House  
(b) Address 1404 E 13th St  
19. (a) 1-11-41 (b) M. M. Groves  
(Date received local registrar) (Registrar's signature)

23. Signature J. O. D... (M. D. or other)  
Address Blue Ridge #2 Date signed 1-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1951

**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..... *L. P. Harris, Sr.*

Licensed Embalmer No. *3388*

P. O. Address..... *K. C. 240 - ..*

**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.**