

3. No. 2
4-13-40
5-7-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6022
Registrar's No. 794

MADE MAR 14 1941
Registration District No. 377

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:
2208 E. 24th. St. Ter.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 Years
years, months or days)

3. (a) PRINT FULLNAME Charles Mc. Queen
3. (b) If veteran, name war None
3. (c) Social Security No. 708-18-854

4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora McQueen
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Aug. 9 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 11 hr. min.

9. Birthplace St. Marcus Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pullman Porter

11. Industry or business Pullman Co.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Tillery
(b) Address 2208 E. 24th Terrace

17. (a) Burial (b) Date thereof 2/24/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Nathan Malott
(b) Address 1520 N. 5th Street

19. (a) 2/24/41 (b) M. M. Crowe
(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. 2208 E. 24th. St. Ter.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 6, 1939, to 2-20, 1941;
that I last saw him alive on 2-14-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Myopericardial Heart Disease
Due to (2) Coronary Occlusion
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93R
Of autopsy _____

Duration
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)
(e) Means of injury D
23. Signature Royce B. Fleming D. or other)
Address 210 Lincoln Bldg Date signed 2/20/41

JAN 26 1948

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 Me
A. B. Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed

A. B. Moore
Licensed Embalmer No. 2410

P. O. Address 1820 East 18th St

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, fact should be so stated above.