

STANDARD CERTIFICATE OF DEATH

20764

State File No. \_\_\_\_\_

2294

Registrar's No. \_\_\_\_\_

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:  
4426 Scarritt Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 19 Years

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. 4426 Scarritt Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Nannie Madison McGrary

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Theodore Hiter McGrary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 2 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Christopher Colvin

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

14. Maiden name Elizabeth Amick

15. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andrew Maienshein

(b) Address 4426 Scarritt Street

17. (a) Burial (b) Date thereof June 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. H. McCosmer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/16/41 (b) M. H. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th  
 year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 7/18 1928 to 6-17 1941  
 that I last saw her alive on 6-14 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to Hypertension

Due to 9211

Other conditions 93H  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) (e) Means of injury

23. Signature George O. Bee (M. D. or other) \_\_\_\_\_

Address 1630 Prof. Bldg Date signed 6/14/41

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

MOTHER FATHER

X26390  
048

046  
3  
8

1630 Professional Body  
11-3

**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 *A. C. Newcomer, Jr.*  
Licensed Embalmer No. 4043  
P. O. Address *N. C. Me.*

**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.**