

Registration District No. 399

Primary Registration District No. 1507

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: WESLEY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE DAY
(Specify whether years, months or days)
In this community ONE DAY

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CALDWELL
(c) City or town: BRAYMER
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ERMA MAY MCBEE

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

4. Sex: F-1 5. Color or race: W 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: JOHN N MCBEE 6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: JUNE 14 1919 (Month) (Day) (Year)

8. AGE: Years 22 Months 3 Days If less than one day hr. min.

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

10. Usual occupation: HOUSEWIFE

11. Industry or business:

12. Name: HERMAN MAYS

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

14. Maiden name: OLIVE BASEL

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

16. (a) Informant: JOHN N MCBEE

(b) Address: BRAYMER Mo.

17. (a) BURIAL (b) Date thereof: JUNE 19 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: BRAYMER Mo.

18. (a) Signature of funeral director: Small Davidson

(b) Address: 3044 West Ave. (c) Date received local registrar: 6/18/41 (d) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 41 hour 7:05 minute A M.

21. I hereby certify that I attended the deceased from Crown to that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden heart thrombosis from atherosclerosis of aorta and trunk. Due to: Explains of Pericardium and Paraffin - Cholesterol (not found).

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

Major findings: Of operations: 181 181 Of autopsy: Suetone 15

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify): Accident (b) Date of occurrence: 6/16/41 (c) Where did injury occur: Braymer Mo (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place) While at work? (e) Means of injury: Berner's

23. Signature: M. M. Crown (M. D. or other) Address: Date signed: 6/18/41

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

018
8

MOTHER FATHER

13
300

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Julian K. Davidson*

Licensed Embalmer No. *1168*

P. O. Address.....

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.