No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20887

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2417

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:
5119 Walnut Street
(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 15

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. 5119 Walnut Street
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Sue Virginia MacMillan

3. (b) If veteran, name war None

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mr. J.J. MacMillan

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased April (Month) 2 (Day) 1882 (Year)

8. AGE: Years 59 | Months 2 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Orange City (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Edward Wright
13. Birthplace Orange City (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary V. Biscoe
15. Birthplace Orange City Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.J. MacMillan
(b) Address 5119 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Camden Point, Missouri

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6/27/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1941 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 22, 1941, to June 25, 1941, that I last saw her alive on June 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure

Due to Hypertension, Mitral Stenosis, Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death) 9 2 12

Major findings:
Of operations 9 2 12

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lester L. Lee (M.D.)
Address 1518 Rialto Bldg Date signed 6-25-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Chester C L
1-5
3400 E. 61

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.