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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30624  
Registrar's No. 3380

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-18-41-8-16-41 (Specify whether  
In this community 14 years  
years, months or days)

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. 1420 E. 18th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES MC GREGOR  
(b) If veteran, name war Unk  
(c) Social Security No. Unk

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 16th  
year 1941 hour 7 minute 30 a.m.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Unknown  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 5 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-18-41, 1941 to 8-16-41, 1941; that I last saw him alive on August 16, 1941 and that death occurred on the date and hour stated above.

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

Immediate cause of death Carcinoma tosis  
Due to Carcinoma of the stomach

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

Due to Secondary cachexia

10. Usual occupation Common Laborer

Other conditions 4-2-41  
(Include pregnancy within 3 months of death) 10/13

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

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

MOTHER FATHER { 12. Name Deceased

Of autopsy H. K. B.

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Deceased

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 8-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral

18. (a) Signature of City Director Wm. A. Johnson  
(b) Address City Auditor

19. (a) 9/10/41 (b) M. D. Crow  
(Date received local registrar) (Registrar's signature)

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 W. C. Surber (M. D. or Surgeon) 8/22/41  
Address Gene. Hosp #2 Date signed \_\_\_\_\_

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

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**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.....

Licensed Embalmer No.....

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.**