

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30775
State File No. _____
3532
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Filed OCT 13 1941
Registration District No. 299

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 Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson 995
(c) City or town Overland Park 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5154 West 79th Street 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----- 2

3. (a) PRINT FULL NAME Mrs. Rose Macoubrie
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 20th
year 1941 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from Apr 17, 1941 to Sept 20, 1941
that I last saw h. alive on 9 - 19 - 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mr. William E. Macoubrie
6. (c) Age of husband or wife if alive 58 years

Immediate cause of death
1. Uremia about 10 days
2. Bilateral hydronephrosis
Due to 3-Obstruction of ureters
4-Advanced carcinoma of the cervix & uteri
Due to 5-nephritis-terrenal
Other conditions (Include pregnancy within 3 months of death)
None

7. Birth date of deceased September 29 1884
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
56 11 22 hr. min.

Major findings: Of operations None
Of autopsy yes
PHYSICIAN H. G. A.
Underline the cause to which death should be charged statistically.

9. Birthplace Hammond Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

MOTHER FATHER
11. Industry or business -----
12. Name William A. McIntosh
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Grubb
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. G. Stephens
(b) Address 5154 W. 79th

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? _____

17. (a) Burial (b) Date thereof Sept. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 9/22/41 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature Wm. T. Trumble (M. D. or other) 0
Address Trinity Hospital Date signed 9/20/1941

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 *H. O. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *K. C. Mo.*

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.