

DEC 22 1941

Registration District No. 397

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:
927 Gregory Blvd.
(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 4 1/2 years

3. (a) PRINT FULL NAME Mr. Stewart Y. MacGregor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida MacGregor

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

7. Birth date of deceased June 12 1955
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Contractor

11. Industry or business _____

12. Name Gregor MacGregor

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

14. Maiden name Kathryn MacLaren

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

16. (a) Informant Mrs. H. J. Christman

(b) Address 927 E. Gregory

17. (a) Removal _____ (b) Date thereof Nov. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston, New York

18. (a) Signature of funeral director D. H. Newcomb

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-17-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 927 Gregory Blvd. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1941 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1941
to Nov. 16, 1941
that I last saw him alive on Nov. 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day

Due to Arteriosclerosis and hypertension ?

Due to Chronic nephritis 3 yrs

Other conditions _____ 131 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

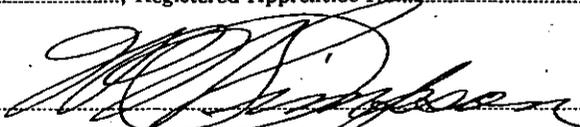
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ernest J. Ferguson M.D.
Address 933 Avy Blvd Date signed 11-16-41

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..... 3965
P. O. Address..... E. E. M.

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.