

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No.

1332

249

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, 5331 Highland ave
(If outside city or town limits, write "RURAL" (and name of township))
(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days) 4 years 8 months

3. (a) PRINT FULL NAME John Mc Graw

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

4. Sex male 5. Color or Grace White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 about 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

10. Usual occupation _____

11. Industry or business Caylor

MOTHER FATHER { 12. Name Thomas Mc Graw
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name Berget Calhan
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant J. M. J. Phil
(b) Address 5331 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Wm. J. Brown
(b) Address 204 Denwood

19. (a) 1/19/42 (Date received local registrar) (b) M. B. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
(c) City or town Kansas City 7 ⁵
(If outside city or town limits, write "RURAL") ⁸
(d) Street No. 5331 Highland (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Jan
year 1942 hour 1:35 minute A M.

21. I hereby certify that I attended the deceased from Dec 20, 1941, to Jan 17, 1942
that I last saw him alive on Jan 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to arteriosclerosis
Due to 94W several years

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

Major findings:

Of operations _____

Of autopsy no

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? _____

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

23. Signature John T. Sweeney (M. D. or other) M.D.
Address 1462 Bryant Bldg Date signed 1-19-42

Kansas City Mo

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.....

working under my personal supervision.

John J. Conway

Registered Apprentice No. *307*

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.