

1144 JUL 33 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20353

State File No.

Registration District No.

Primary Registration District No. 160

Registrar's No. 2453

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:
3630 Warwick Blvd.
(If not in hospital or institution, write street number or location).
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 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. 3528 Michigan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. William S. McCarthy

3. (b) If veteran, name war No 3. (c) Social Security No. 495-07-4281

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luella McCarthy 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 30 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 25 hr. min.

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

10. Usual occupation Retired Manager

11. Industry or business Safe Deposit Vaults, 1st National Bank

MOTHER FATHER
12. Name William John McCarthy
13. Birthplace New Orleans
(City, town, or county) (State or foreign country)
14. Maiden name Missouri Sheldon
15. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luella McCarthy
(b) Address 3528 Michigan

17. (a) Burial (b) Date thereof 6-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 6/26/42 (b) M. M. Crome
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1938 to June 25 1942
that I last saw him alive on 6/25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral disease

Due to Generalized arteriosclerosis

Due to 942

Other conditions Hypertensive vascular disease, Cerebral Hemorrhage
(Include pregnancy within 7 months of death)

Major findings: Of operations _____
Of autopsy

Duration
34 1/2
several
years
4 yrs
2 mo
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(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 Stroke

23. Signature James D. ... (M. D. or other) MD
Address 907 Road 200 Date signed 6/26/42

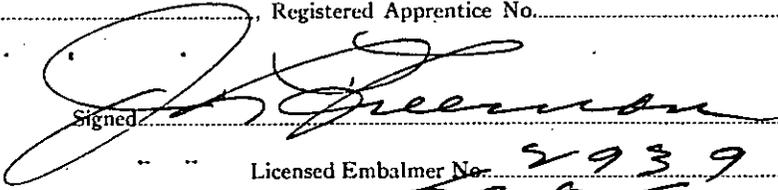
36.1

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

12-5
Watts
12-5-5

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. 2939

P. O. Address H. O. E. No.

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.