

ILLU JUL 3 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2434

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-19-42-6-20-42
(Specify whether In this community 39 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. 2405 Tracy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME OPAL MCGEE

3. (b) If veteran, name war None 3. (c) Social Security No. 508-09-5423

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife James McGee 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August 31 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 20 If less than one day 19 hr. min.

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

10. Usual occupation never employed

11. Industry or business.....

MOTHER FATHER { 12. Name Mathew Bolden

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

{ 14. Maiden name Mattie Cherry

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Funeral (b) Date thereof 6-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. N. Crowe

(b) Address 1729 Lydell

19. (a) 6-24-42 (b) W. N. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 19 1942 to June 20 1942; that I last saw her alive on June 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism secondary to mesenteric thrombosis

Due to Intestinal obstruction from old post operative adhesions

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1225

Major findings: Of operations..... Of autopsy.....

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) Means of injury.....

23. Signature W. N. Crowe (M. D. or D. O.)

Address Gen. Hosp. #2-606 E. 22 Date signed 6-22-42

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

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

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.....

D. J. Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.