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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13288

FILED MAY 6 1943

State File No. \_\_\_\_\_

Registration District No. 119

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:  
St. Mary's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Miss. Dept.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton Co.

(c) City or town Grayson  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES WESLEY McMICHAEL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-24-7769

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Mabel M. McMICHAEL

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Mar 28 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Robert McMichael

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

14. Maiden name Ruth Ann Manly

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Apr 17 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster

18. (a) Signature of funeral director W. B. Noble

(b) Address New Hampton

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1943 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 11  
1943 to April 16 1943  
that I last saw him alive on April 16 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Associated with arteriosclerosis  
of the coronary arteries

Due to arteriosclerosis

Due to arteriosclerosis

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

Major findings: Of operations \_\_\_\_\_

Of autopsy As described

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?

23. Signature Paul F. Stockey (M. D. or other)  
Address Grayson Mo Date signed Apr 16 1943

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.....

*W. H. Noble*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. H. Noble*

Licensed Embalmer No. *2904*

P. O. Address. *New Hampton N.H.*

**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.**

DR. ANNIE G. HEDGES

*Osteopathic Physician*

110TH STREET AND GRANDVIEW ROAD

HICKMAN MILLS, MISSOURI

TELEPHONE  
DWIGHT 5489

May 10, 1943

James Stewart, M. D.,  
Bureau of the Census,  
Jefferson City, Mo.

Dear Sir:

Re - Charles W. McMichael -

In regard to your inquiry regarding the place of death of this man, I have found by inquiry from his physician, Dr. Paul F. Stookey in Kansas City, that he died at St. Mary's hospital in Kansas City, so have forwarded supplementary certificate to Miss Crowe in Kansas City.

Yours Truly,

*Annie G. Hedges*

Annie G. Hedges, D. O.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2324

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 St Mary's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
In this community 9 days (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Charles W. Mc Michael

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mabel M. 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Mar 28 1888  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 0 If less than one day, hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Mc Michael

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

14. Maiden name Ruth Ann Manley

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

16. (a) Informant St. Mary's Hosp.

(b) Address 78-C. Mt

17. (a) Burial, cremation, or removal Burial (b) Date thereof April 17, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Foster Mo.

18. (a) Signature of funeral director P. G. Neble

(b) Address New Hampton, Mo

19. (a) 5-20-43 (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton  
(c) City or town Grayson  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1943 hour ..... minute ..... M.

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

Immediate cause of death Heart infarction perforated gastric ulcer

Due to.....  
Due to..... 117a'

Other conditions (Include pregnancy within 3 months of death)

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.....

23. 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 Paul F. Stoskey (M. D. or other) Address Argyle Bldg. K. Mo Date signed 4-16-43

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

MOTHER FATHER

SUPPLEMENTARY 6

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

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1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
.....  
(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)

3. (a) PRINT FULL NAME Charles W. Mc Michael

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

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 61 Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5-20-43 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 16 Year 1943 Hour 9 Minute 35 M.

21. I hereby certify that I attended the deceased from April 16, 1943 that I last saw him live on and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY