

FILED JUL 8 1943

2768

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
3837 East 9th St. /
(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 60 years
(Specify whether 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. 3837 E. 9th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Sidney Spelecy McCalley

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1943 hour 12 minute 45 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles McCalley

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

7. Birth date of deceased October 10 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 - 1930 to July 18 1943
that I last saw him alive on July 18 1943 and that death occurred on the date and hour stated above.

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

87	8	8	_____ hr. _____ min.
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Immediate cause of death: Myocardial Infarction

Due to apoplexy 1941

Due to Coronary Blood Vessels

Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business _____

12. Name W. L. Borden

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

14. Maiden name Priscilla Anderson

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

Major findings: Of operations W

Of autopsy W

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

16. (a) Informant Mrs. O. J. Van Gilder

(b) Address 3837 E. 9th Street

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? _____

17. (a) Burial (b) Date thereof 6-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Ernest W. Cavanaugh (M. D. or other) _____

Address 310 ANGLE BUILDING Date signed _____

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 6-20-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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