

REGISTRATION DISTRICT NO. 149

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:  
619 West 12th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 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. 619 West 12th St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward J. McNamee

3. (b) If veteran, name war none 3. (c) Social Security No. 708-10-9001

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Frances B. 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased May 15th 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Railroad clerk

11. Industry or business Railroads

12. Name Edward McNamee

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

14. Maiden name Mary J. Dugger

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

16. (a) Informant Mrs. Frances B. McNamee

(b) Address 619 West 12th St

17. (a) removal (b) Date thereof Aug 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul, Minn

18. (a) Signature of funeral director J. E. Brown

(b) Address 3146 Main St

19. (a) 8-14-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12th  
year 1943 hour 11 minute 30 PM.

21. I hereby certify that attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
Edmund

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart

chronic

Due to 93d

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy Inspection of body

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 J. E. Brown Date signed 8/14/43

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

SEP 22 1943

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 Park G. Rowe  
Licensed Embalmer No. 2347  
P. O. Address K. E. Mo

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.