

FILED FEB 24 1944  
Registration District No.

Primary Registration District No. 1002

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:  
K. C. General Hospital No. 1  
(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 40 yrs  
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. 518 No. Olive  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Alfred McGuire

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen McGuire 6. (c) Age of husband or wife if alive 92 years  
7. Birth date of deceased Dec 14 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER {  
12. Name McGuire  
13. Birthplace no Record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name no Record  
15. Birthplace no Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John McGuire  
(b) Address 578 N. Olive

17. (a) Rural (b) Date thereof Jan - 15 - 1944  
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Wm C R Foster

(b) Address Jan 15, 1944

19. (a) Jan 15, 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14  
year 1944 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from January 5, 1944, to January 14, 1944

that I last saw him alive on January 14, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis

Duration

Due to

Due to 1068

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)

(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 A. E. Uscher (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 1-14-44

**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

*Mr. S. Redmon*

Licensed Embalmer No.

*2737*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**