7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19585

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2412

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: 4802 Jarboe (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 35 years,

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") 40
(d) Street No.: 4802 Jarboe (If rural, give location) ?
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Winfield G. McCartney
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: Mrs. Orpha McCartney
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: December (Month) 12 (Day) 1879 (Year)

8. AGE: Years 65 | Months 5 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Realtor
11. Industry or business: x

MOTHER FATHER
12. Name: Phillip H. McCartney
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name: Isabel Nicholson,
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Orpha McCartney,
(b) Address: 4802 Jarboe, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation: OSCEOLA, IOWA
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 6-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1945 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 24, 1944 to June 5, 1945 that I last saw him alive on June 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis — Duration: Sudden
Due to: Acute Coronary Thrombosis — Oct 24 1944
Due to: Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death): Dental Infection.

Major findings:
Of operations: None
Of autopsy: None

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

23. Signature: Earl R. Ferris (M. D. or other)
Address: 934 Argyle Bldg. Kansas City, Mo. Date: June 5, 1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Farris

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address R C 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.