

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

State File No. **32778**  
Registrar's No. **4233**

**FILED** OCT 29 1945  
Registration District No. **149**

Primary Registration District No. **1002**

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

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 **1 Mo. 12 days**  
(Specify whether years, months or days)

In this community **60 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **645 Garfield** **8**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0**  
(Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME **Edgar McDill**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12**  
year **1945** hour **9** minute **20 P.M.**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife **MRS. UNKNOWN MCDILL**

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

7. Birth date of deceased **FEBRUARY-16-1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 30**, 19**45**, to **Oct. 12**, 19**45**, that I last saw him alive on **Oct. 12**, 19**45**, and that death occurred on the date and hour stated above.

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

**69** **7** **25** **16** hr. min.

Immediate cause of death **Necrotizing cystitis**

Due to **premia pyonephritis pyelonephritis**

Due to **cystitis non specific**

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

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

10. Usual occupation **WORKER**

11. Industry or business **W.P.A.**

12. Name **CHARLES W. MCDILL**

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

14. Maiden name **MORNA CURTIS**

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

16. (a) Informant **MRS. DOLLY DARRAH**

(b) Address **506 SOUTH DRURY AVE**

17. (a) **BURIAL** (b) Date thereof **OCT-15-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **O. H. Newcomer, Son**

(b) Address **1401 BRUSH GREEN BLVD**

19. (a) **10-15-45** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **1330**

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? \_\_\_\_\_

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

23. Signature **Clayton Sealy, MD** (Date signed) **10-15-45**  
Address **Med. Dir. Gen'l Hosp.**

**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 Paul Rapp

Licensed Embalmer No 3458

P. O. Address Kansas City

**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.**