

FILED NOV 24 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No.

4598

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: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 Days
(Specify whether years, months or days)
In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 216 Seminary St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Vernie Edgar McGee

3. (b) If veteran, name war World War 1

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iva McGee 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 11 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 25
28 hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Mechanic

11. Industry or business Own Buisness

12. Name Edgar McGee
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Cameron
15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Iva McGee
(b) Address 216 Seminary
17. (a) Burial (b) Date thereof 11-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary, N.C.

18. (a) Signature of funeral director John Stine
(b) Address 340 North 6th, St.
19. (a) 11-7-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, 6
year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/24/45, 19, to 11/6/45, 19;
that I last saw him alive on 11/6/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary of the Coronary Arteries

Due to
Due to

Other conditions (Includes pregnancy within 3 months of death) 46

Major findings: Of operations

Of autopsy See above

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) (c) Means of injury

23. Signature [Signature] M.D. 11/9/45
Address 1109 Pm Rdy Rd Date signed

NOV 28 1945

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 *Amelia Stund*.....

Licensed Embalmer No. *4113*.....

P. O. Address *Kansas City Kansas*.....

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.