

No. 2
M-5-43
. 5-17-39
> I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41425**
Registrar's No. **144**

FILED **DEC 29 1945**
Registration District No. **1607**

Primary Registration District No. **5572**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Rural - Blaine Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Jackson County Home for Aged 5**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Year**
(Specify whether years, months or days)

In this community **1 Year**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRANCES McGUIRE**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Alfred McGuire**

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

7. Birth date of deceased **August 12, 1831**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
94	2	27hr.min.

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

10. Usual occupation **Housewife**

11. Industry or business **At home**

MOTHER FATHER

12. Name **James S. Wilson**

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

14. Maiden name **Jane Watson**

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

16. (a) Informant **Mrs. Eva Miller**

(b) Address **Kansas City, Missouri**

17. (a) Burial **Burial** (b) Date thereof **11-9-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918-20-Brooklyn, W.C.Mo.**

19. (a) **11/18/45** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

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. **1904 East Front 8**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8**
year **1945** hour **1** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 1, 1945 to Nov 8, 1945**
that I last saw her alive on **Nov 7, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Seizure**

Due to.....

Due to.....

Other conditions **162b**
(Include pregnancy within 3 months of death)

Major findings: **162b**

Of operations.....

Of autopsy.....

Duration.....

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 **0**

23. Signature **[Signature]** (M. D. or other) **11/9/45**

Address **[Address]** Date signed **11/9/45**

Dr. Joe W. Greene
Cant. Bldg.
- Ind. 244 -
after 4: PM at home
call Ind. 262
319 N. Spring

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 Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address 918 Brooklyn
K.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.