

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13248**
 Registrar's No. **1986**

FILED MAY 13 1946
 Registration District No. **179**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Johnson
 15154

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 1 year

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. 4003 East 17th St ⁸
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Geneva McCain

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Claude McCain 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 30, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>0</u>	<u>27</u>	____ hr. ____ min.

9. Birthplace Andrew County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Albert G. Howard

13. Birthplace Hickory County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mackey

15. Birthplace Hickory County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude McCain

(b) Address 4003 East 17th St. K.C. Mo.

17. (a) Removal (b) Date thereof 4-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheatland, Mo.

18. (a) Signature of funeral director Walter J. McCallister - Egan

(b) Address 1800 S. Simwood, K.C. Mo.

19. (a) 4-30-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 23, 1946, to April 27, 1946, and that I last saw her alive on April 27, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction ^{4 days}

Due to Strangulated Internal Hernia

Due to _____

Other conditions: Paralytic Ileus
(Include pregnancy within 3 months of death)

Major findings: 2.0 centimeters of gangrenous intestine

Of autopsy: Paralytic Ileus

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? _____

23. Signature Paul W. Dunstrie (M. D. or other) M.D.
While at work? (Specify type of place) (e) Means of injury _____

Address 1110 Bryson Bldg., K.C. Mo. Date signed 4/29/46

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

Elmer E. Beck

Licensed Embalmer No.

4063

P. O. Address

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.