

FILED JUN 13 1946

Registration District No. _____ 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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs.
(Specify whether

In this community 12 days
years, months or days)

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")

(d) Street No. 1616 Crystal
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lenora McCrorey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife // 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5/12/46
(Month) (Day) (Year)

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

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

10. Usual occupation infant

11. Industry or business //

12. Name John F. McCrory

13. Birthplace Reed Springs, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Roper

15. Birthplace Valley Falls, Kans.
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant John F. McCrory

(b) Address 1616 Crystal

17. (a) burial (b) Date thereof 5/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address K. C. Mo.

19. (a) 5-25-46 (b) Alphadine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 10 minute 18 A.M.

21. I hereby certify that I attended the deceased from May 23, 1946 to May 24, 1946
that I last saw her alive on May 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Congenital heart disease

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 1572

Of operations _____

Of autopsy See above

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)

(e) Means of injury _____

23. Signature Wm W. Hart (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 5-24-46

Dr. L. L. ...

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.....

Licensed Embalmer No. *John P. Sheel*

P. O. Address. *3625*

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.