

FILED JUL 9 2 1946

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2768

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 921 E 3rd St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 921 E 3rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. BILLIE McCAMMON

3. (b) If veteran, name war. NO 3. (c) Social Security No. None

4. Sex Female, race W 5. Color or W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Saul McCammon 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec 30 - 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Hollandale Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) a

14. Maiden name _____

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

16. (a) Informant Saul McCammon
(b) Address 921 E 3rd St

17. (a) Removal (b) Date thereof 8-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenville Miss

18. (a) Signature of funeral director John C. Taylor
(b) Address 1220 E 2nd St
19. (a) 6-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 11:50 minute am M.

21. I hereby certify that I attended the deceased from known 19____ to 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Coronary Sclerosis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy no
History & Inspection

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 Gerald Holmes (M. D. or other) com
Address 1424 1/2 N. 1st Date signed 6-20-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Robert B. Logetuen

Licensed Embalmer No. *4273*

P. O. Address *KC 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.