. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1946

State File No. 20385

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2498

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:
3407 College Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

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. 3407 College Avenue 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME William MacNeven

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Ruth

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

7. Birth date of deceased March (Month) 22 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	13	hr. min.

9. Birthplace Lapere County (City, town, or county) Michigan 1 (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business

FATHER
12. Name William MacNeven
13. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Barbara McGeashy
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs. Anna Ruth MacNeven
(b) Address 3407 College Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 7 / 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

19. (a) 6-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1946 hour 2 ~~minute~~ P M.

21. I hereby certify that I attended the deceased from Only on June 5 1946 1946 that I last saw him alive on at 8 5 06 m June 5 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to Coronary disease several years

Due to

Other conditions Diabetes Mellitus & Osteomyelitis
(Include pregnancy within 3 months of death)
not contributory

Major findings:
Of operations 61

Of autopsy

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? — (Specify type of place)

While at work? — (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 1232 Professional Date signed 6/6/46

(Licensed Embalmer's Statement on Reverse Side)

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 C. Wedelin

Licensed Embalmer No. 3495

P. O. Address T. 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.