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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 JUL 22 1946

State File No. 22994

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 98

1. PLACE OF DEATH:
(a) County CASS
(b) City or town BELTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (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) In this community 26 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CASS
(c) City or town BELTON (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ORA KIRBEY McNAMEE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LENA McNAMEE
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased FEB. 14 (Month) (Day) 1877 (Year)

8. AGE: Years 69 Months 3 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business

FATHER
12. Name ISAAC McNAMEE
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARY WALKER
15. Birthplace (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant MRS LENA McNAMEE
(b) Address BELTON MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT VALLEY STANLEY, KANS.
18. (a) Signature of funeral director E. K. George & Sons
(b) Address Belton, Mo.
19. (a) July 10-46 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6TH year 1946 hour 2 minute 35 P.M.
21. I hereby certify that I attended the deceased from APRIL 15, 1946, to JULY 6, 1946; that I last saw him alive on JULY 6, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF LIVER, PRIMARY	3(?) YRS.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) (1) Nephrolithiasis, right	Unknown.
(2) Hemiplegia, right — 8 YRS.	
Major findings: Of operations —	
Of autopsy (1) CARCINOMA OF LIVER	
(2) Nephrolithiasis, right	

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

23. Signature Herbert A. Tracy (M. D. or other) M.D.
Address Belton, Mo. Date signed July 6, 1946

(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.....A. K. George.....

Licensed Embalmer No.....3645.....

P. O. Address.....Grandview, 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.