DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 146

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

37294

State File No.

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 24 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. 2350 Norwood Blue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eugene Franklin McNair

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Grace E McNair

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug (Month) 31 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	1	—	hr. min.

9. Birthplace Camp, Arkansas / (City, town, or county) (State or foreign country)

10. Usual occupation Gateman

11. Industry or business K. C. Terminal R.R.

FATHER
12. Name William McNair
13. Birthplace Knoxville, Tenn / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Median Johnson
15. Birthplace Tenn / (City, town, or county) (State or foreign country)

16. (a) Informant David E. McNair

(b) Address 2350 Norwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Belton Cemetery

18. (a) Signature of funeral director Ott + Mitchell

(b) Address 310 N. Main St. Indep. Mo.

19. (a) 10-20-46 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Sept 1st, 19, to Oct 1st, 1946 that I last saw him alive on Oct 1st 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - lobar — Duration 3 days

Due to

Due to

Other conditions Chronic gastric ulcer c̄ (Include pregnancy within 3 months of death) resection of stomach -

Major findings:
Of operations 108
Of autopsy Lobar pneumonia

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 R. J. Yard MD (M. D. or other)

Address Independence Mo Date signed Oct 3-1946

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1946

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ____

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk (Specify whether years, months or days)

In this community 24 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Independence (If outside city or town limits, write "RURAL")

(d) Street No. 2350 Norwood (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Eugene Franklin McNair

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: Male

5. Color or race: wh.

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

6. (b) Name of husband or wife: Grace McNair

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Aug (Month) 31 (Day) 1879 (Year)

8. AGE: Years 67 Months 1 Days ____ If less than one day ____ hr. ____ min.

9. Birthplace: Camden (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Gateman

11. Industry or business: K.C. Terminal RR

FATHER

12. Name: Wm. McNair

13. Birthplace: Knoxville (City, town, or county) Tenn (State or foreign country)

14. Maiden name: Meridan Johnson

15. Birthplace: ____ (City, town, or county) Tenn (State or foreign country)

6. (a) Informant: David E McNair

(b) Address: 2350 Norwood

7. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Belton Cemetery

(a) Signature of funeral director: Ott & Mitchell

(b) Address: Independence Mo

(a) 10-24-46 (Date received local registrar) (b) James Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1946 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 9-16-46, 19____, to 10-1-46, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia - Lobar	4 days
Due to: Post Operative -	
Due to: Gastric resection for Chronic gastric ulcer (10 years + duration)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation: Gastric ulcer -

Of autopsy: Pneumonia -

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: R. Gardner (M. D. or other)

Address: Independence Mo Date signed 10-1-46

(Licensed Embalmer's Statement on Reverse Side)

37294

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry L Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.