V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9241

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1301

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: 3746 Wyoming (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether In this community: 21 years 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.: 3746 Wyoming (If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Arthur McGavic

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Mrs. Carolyn F. McGavic

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: August (Month) 25 (Day) 1879 (Year)

8. AGE: Years 67 Months 6 Days 23 24 If less than one day hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Lumberman

FATHER 12. Name: Thomas McGavic

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

MOTHER 14. Maiden name: Laura Mooney

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

16. (a) Informant: Mrs. Carolyn F. McGavic

(b) Address: 3746 Wyoming, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 27, 1945, to March 18, 1947; that I last saw h. alive on March 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of esophagus	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Yes

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: Eric Wallenberg (M. D. or other)

Address: Plaza Med Bldg Date signed: 3/20/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ellis Wilhelmy

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. J. Clair Shepperd

Licensed Embalmer No. 4179

P. O. Address, K. 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.