

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36471

21066

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2837

FILED JUL 14 1947
199

Registration District No. _____ Primary Registration District No. 1002

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

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:
8234 Wayne Avenue
(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) 35 Years

3. (a) PRINT FULL NAME MRS. JENNIE McPHERRON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Samuel McPherron

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

7. Birth date of deceased August 16th, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Samuel Lundy

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Grace Marcus

(b) Address 8234 Wayne Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 - 3 - 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 7-3-47 (Date received local registrar)

(b) Seraldine Holmes (Registrar's signature)

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. 8234 Wayne Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1947 hour 1145 minute A M.

21. I hereby certify that I attended the deceased from January 1, 1947 to July 1, 1947
that I last saw her alive on June 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Coronary Sclerosis

Due to Arteriosclerosis; Heart Disease

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

Major findings:
Of operations 93 D

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? _____

23. Signature Richard L. Selmer (M. D. or other) MD
Address 4301 Main, Kansas City, Mo. Date signed July 1, 1947

While at work? _____ (Specify type of place) (e) Means of injury _____

AUG 11 1942

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.