

S. No. 3
1-1/47
5-17-39

FILED JUL 28 1947

Registration District No. 146

Primary Registration District No. 3026

18
4
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Sanatorium 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 9 days
 (Specify whether
 In this community... 22 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Jackson 49
 (c) City or town... Independence 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 620 North Pleasant 4
 (If rural, give location)
 (e) Citizen of foreign country? No
 (Yes or No)
 If yes, name country... None

3. (a) PRINT FULL NAME Lennie R. Mc Gaughey
 3. (b) If veteran, name war... World War I
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month... July day... 13
 year... 1947 hour... 9 minute... 25 a.m.

4. Sex... Male 2
 5. Color or race... White
 6. (a) Single, widowed, married, divorced... Married
 6. (b) Name of husband or wife... Mrs. Gracie McGaughey
 6. (c) Age of husband or wife if alive... 42 years
 7. Birth date of deceased... January 11 1897
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4th 1947 to July 13th 1947
 that I last saw him alive on July 12th 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months Days If less than one day
 hr. min.

Immediate cause of death:
 Acute M. Reed Jarline 18 hr
 Hypostatic pneumonia 18 hr

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

Due to...
 Arteriosclerosis, hydro-nephrosis 1.200 +
 related
 Tumor testes, metastatic type undifferentiated

10. Usual occupation... Sunshine Bakeries

Other conditions... 5ml. pus from sub-phrenic abscess 1.200
 (Include pregnancy within 3 months of death)

11. Industry or business...
 12. Name... George McGaughey
 13. Birthplace... Unknown Indiana 1
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations...
 Of autopsy... Above 133
 Underline the cause of which death should be charged statistically.

14. Maiden name... Ada Bryant
 (City, town, or county) (State or foreign country)

15. Birthplace... Unknown Iowa 1
 (City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Gracie McGaughey
 (b) Address... 620 N. Pleasant Indre. Mo.

17. (a) Burial (b) Date thereof... 7 15 47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation... Floral Hills Cem.
 George C. Carson

18. (a) Signature of funeral director...
 (b) Address... Independence, Missouri

19. (a) 7-15-47 (b) Registrar's Signature 2 514
 (Date received local registrar) (Registrar's Signature)

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... (M. D. or other) MD
 Address... Date signed 7-14-47

NOV 21 1947
FEB 20 1948

JUL 27 1947



JUN 3 1948 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 William H. Schlanker Registered Apprentice No. 439 working under my personal supervision.

Signed B. A. Lisle
Licensed Embalmer No. 4123
P. O. Address Independence, 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.