No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27812
3528

FILED AUG 26 1947

Registration District No. 19

Primary Registration District No. 1002

Registrar's No.

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: Linwood & Forest 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 1212 Linwood Boulevard 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Romayne McFADDEN
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: Ray McFadden
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 15, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	2	0	hr. min.

9. Birthplace: (City, town, or county) Kansas (State or foreign country) /
10. Usual occupation: At home
11. Industry or business:
FATHER
12. Name: William Graham
13. Birthplace: (City, town, or county) Unknown (State or foreign country) Pa. /
MOTHER
14. Maiden name: Ellen McLenon
15. Birthplace: (City, town, or county) Unknown (State or foreign country) Ireland /
16. (a) Informant: Mrs. Joseph Lumpkin
(b) Address: 1887 State Ave., K.C., Ks.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1947 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Multiple fractures of skull pelvis & legs.
Due to:
Due to:
Other conditions: (Include pregnancy within 3 months of death) S.H.P. struck by truck
Major findings:
Of operations: bricks dislodged by truck
Of autopsy: no
Kidney & Injection

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: 8-15-47 12:55
(c) Where did injury occur? (City or town) Ko (County) Jackson (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) public place
While at work? no (e) Means of injury: Falling from moving car
23. Signature: James Cutlitt (M. D. or other) Dr.
Address: 1424 Mp Mp Date signed 8-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Glen E. Heck

Licensed Embalmer No. 4063

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.