S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1200

Registration District No. 149 — Primary Registration District No. 1001 — Registrar's No. 109

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: 1301 Bales Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 Bales 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Izora Maria McCall
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~~ Mr Columbus B. McCall
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased January 8 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Fairfield Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --
FATHER
12. Name Ezra Belknap
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann White
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs J. C. Gretsinger
(b) Address 1301 Bales Avenue
17. (a) Removal (b) Date thereof Jan-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Winchester Iowa
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 1-8-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 10-12-40, 19..., to 12-1-, 1948
that I last saw her alive on 12-1-, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of heart	
Due to Chronic Myocarditis	10 yrs
Due to Arterio Sclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....
(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. Cancelly Anderson
Address 6416 Indep Ave Date signed 1-8-48
MD

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 E. Ross Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.