No. 2
-1/47
-17-39

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

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8808

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 938

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: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)
In this community: 2 YEARS

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.: 728 E. 72ND. STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No) 0
If yes, name country: - - -

3. (a) PRINT FULL NAME: MRS. ANNIE LAURIE McADOO
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: WIDOWED 2
6. (b) Name of husband or wife: H.C. McADOO
6. (c) Age of husband or wife if alive: - - years
7. Birth date of deceased: AUGUST (Month) - 18 (Day) - 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	10	hr. min.

9. Birthplace: TEXARKANA (City, town, or county) TEXAS (State or foreign country) 1
10. Usual occupation: HOUSEWIFE
11. Industry or business: AT HOME
FATHER
12. Name: UNKNOWN REHLCOPF
13. Birthplace: UNKNOWN (City, town, or county) GERMANY (State or foreign country) 4
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country) 4
16. (a) Informant: WILLIAM ARNOLD McADOO
(b) Address: 2324 VIRGINIA - SHREVEPORT IND.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 2-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: TEXARKANA, ARKANSAS
18. (a) Signature of funeral director: DuNewcomer & Son
(b) Address: 1401 BRUSH CREEK BLVD. KC MO.
19. (a) 2-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 28 year: 1948 hour: 9 minute: 31 P.M.
21. I hereby certify that I attended the deceased from 2-17-48, 19..., to 2-28-48, 19...; that I last saw her alive on 2-28-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism (n.m.o.)
Generalized arteriosclerosis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 1110
Of autopsy: see Above

Duration

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: 0
23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Gen. Hosp. #1 Date signed: 2-29-48

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.