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. 12727

FILED MAY 7 1948

Registration District No. 949 — Primary Registration District No. 1002 — Registrar's No. 1858

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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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Colorado (b) County Prowers
(c) City or town La Mar C
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ingent McAhren
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male
5. Color or race W
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4-25-48 (Month) (Day) (Year)

8. AGE: Years 2 hrs. Months Days If less than one day 2 hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mildred Faye McAhern
15. Birthplace La Mar Colo. (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (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) 4-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 2 minute 4 A.M.

21. I hereby certify that I attended the deceased from 4-25, 1948, to 4-25, 1948 that I last saw him alive on 4-25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death prematurity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Mary C. Cortner, (M. D. ~~or other~~)
Address 3119 Troost Date signed 4-28-48

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

Dr. Carshalt

Bill Oswald
4 Stage

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 [signature]

Licensed Embalmer No. 2999

P. O. Address ICC

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.