

No. 300  
 10-47  
 5-17-39  
 I 3908

FEDERAL SECURITY AGENCY  
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

36586

State File No. \_\_\_\_\_

FILED NOV 23 1948

Registrar's No. 4481

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:  
**1000 AGNES AVENUE**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **OVER 30 YEARS**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MISSOURI** (b) County **JACKSON**  
 (c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1000 AGNES AVENUE**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GLADSTONE HARVEY**  
 3. (b) If veteran, name war **NO**  
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **NOVEMBER** day **2**  
 year **1948** hour **8:45** minute **A** M.

4. Sex **MALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **LILLIAN HARVEY**  
 6. (c) Age of husband or wife if alive **UNKNOWN** years  
 7. Birth date of deceased **OCTOBER 13 1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7:27**  
 \_\_\_\_\_, 19**48** to **time** \_\_\_\_\_  
 that I last saw him alive on **10-27**, 19**48**;  
 and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **0** Days **19**  
1922 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
**Coronary Occlusion** **1 hr**

9. Birthplace **DETROIT MICHIGAN**  
(City, town, or county) (State or foreign country)

Due to **Coronary occlusion** **8 yr**  
 Due to **Diabetes Mellitus** **10 yrs**

10. Usual occupation **RETIRED**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **UNKNOWN**  
 13. Birthplace **UNKNOWN**  
 14. Maiden name **REBECCA B. McGREGOR**  
 15. Birthplace **SCOTLAND**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings:  
 Of operations **61**  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS. LILLIAN HARVEY**  
 (b) Address **1000 AGNES AVENUE**

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?

17. (a) **BURIAL** (b) Date thereof **11-20-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **J. J. ...**  
 (b) Address **3256 ...**  
 19. (a) **11-3-48** (b) **Staldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **Leo M. Mullin** (M. D. or other) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 Address **3541 ...** Date signed **11-3-48**

LEO M. MULLIN  
3518 INDIANA  
LIT. 5411

NOV 22 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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Park G. Rowe  
Licensed Embalmer No. 2347  
P. O. Address K. L. ...

**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.**