No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 1946

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-68

State File No. 37037

Registrar's No. 342

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, RR 4, Box 878 1 (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: 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence 0 (If outside city or town limits, write "RURAL")
(d) Street No.: RR 4, Box 878 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Mr. James F. McCown
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Mrs. Bettie A. McCown
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Oct. 24, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	10	hr. min.

9. Birthplace: Williamsburg, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER
12. Name: Robert F. McCown 9
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Saletta Ann Phillips
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bettie A. McCown 1
(b) Address: RR 4, Box 878, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 11-6-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3587

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 4 year: 1948 hour: 1:25 minute: P.M.

21. I hereby certify that I attended the deceased from 11-2-48, 19..., to 11-4, 1948 that I last saw him alive on 11-4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Emphysema of Gallbladder	2 wks
Due to: Chronic Cholecystitis	5 yrs
Due to:	
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) 2
While at work? (e) Means of injury

23. Signature: W. Richard Agee (M. D. or other) D.O.
Address: Independence, Mo. Date signed: 11-6-48

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 John M. Heiman, Registered Apprentice No. 269, working under my personal supervision.

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

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.