FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40245

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5184

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~~: OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 6 DAYS (Specify whether
In this community 46 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 5436 LYDIA AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME MRS CRYSTAL McQUERRY

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. JAMES Wm McQUERRY

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased DECEMBER (Month) 31 (Day) 1901 (Year)

8. AGE: Years 46 Months 11 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name UNKNOWN ~~DAVIS~~
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant MRS. SAMUEL JACKSON

(b) Address 912 EAST 30TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC - 21 - 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 18TH year 1948 hour 6 minute 14A. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1948 to Dec. 18, 1948 that I last saw her alive on Dec 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis c̄ effusion — Duration about 1 week

Due to Bronchial Pneumonia (Interstitial type)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy

PHYSICIAN
Underline the cause to 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? A. B. Boyer (Specify type of place)

While at work? (e) Means of injury

23. Signature A B Boyer DO (M. D. or other)

Address 5529 Troost Ave Date signed 12-18-48

(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 Dayle L. Daniel, Registered Apprentice No. 218 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.