

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12547

1687

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		admission) <u>JK</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) (Type or Print) <u>60 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3510 Wabash</u>				d. STREET ADDRESS (If rural, give location) <u>3510 Wabash</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>HARRY</u>		b. (Middle) <u>A</u>		c. (Last) <u>MCCRARY</u>		6. DATE OF BIRTH <u>November 27, 1863</u>	
7. SEX <u>Male</u>		8. COLOR OR RACE <u>White</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		10. AGE (In years last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cigar Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco</u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William McCrary</u>		13b. MOTHER'S MAIDEN NAME <u>Eveline Merriott</u>		14. NAME OF HUSBAND OR WIFE <u>Emma McCrary</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma McCrary, 3510 Wabash K. C. Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*		<u>Coronary Thrombosis 3 1/2 mo</u>				<u>3 1/2 mo</u>	
ANTECEDENT CAUSES		<u>Aortic Insufficiency 10 years</u>				<u>10 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>Coronary artery disease 10 "</u>				<u>10 "</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Arteriosclerosis</u>				<u>20 "</u>	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-22-1949</u> to <u>4-11-1949</u> that I last saw the deceased alive on <u>4-11-1949</u> , and that death occurred at <u>7:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. W. Miller</u>		23b. DEGREE OR TITLE <u>M. D.</u>		23c. ADDRESS <u>800 Angell Bldg H-16-49</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-16-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME, 2315 Linwood K. C. 3 Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walter P. Miller
Argyle Bldg.
Vt 9878

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Chas E Weeks

Licensed Embalmer No. 2644

P. O. Address Houses City 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.