

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12549

State File No.

FILED APR 16 1949

1378

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clayson 24			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) Route #11			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) S.		c. (Last) McGee		4. DATE OF DEATH (Month) (Day) (Year) Mar. 25, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 21, 1881	
9. AGE (in years last birthday) 67		10. IF UNDER 1 YEAR Months Days		10. IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Heating Engineer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME John J. McGee		13b. MOTHER'S MAIDEN NAME Olivia Corel		14. NAME OF HUSBAND OR WIFE Margaret McGee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 487-01-8172		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret McGee, Rt. #11, N. K. C.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis & Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Cerebri DUE TO (c) Vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X				INTERVAL BETWEEN ONSET AND DEATH 6 hours 15 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☒ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 24, 1949, to 3:25, 1949, that I last saw the deceased alive on Mar 24, 1949, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE E. McCormick MD (Degree or title)		23b. ADDRESS 2025 Sunset Mo. K. City		23c. DATE SIGNED 3/25			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-28-49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Lawrence, Kansas	
DATE REC'D BY LOCAL REG. 3-26-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

14 been filed 5:00 P.M.

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.

Signed Willis H. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. 4438

P. O. Address K. C., 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.