

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10934

Registrar's No. 25

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 25			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Rural					
d. FULL NAME OF HOSPITAL OR INSTITUTION 525 W. 85th St. Terr.				d. STREET ADDRESS (If rural, give location) 525 W. 85th St. Terr.					
3. NAME OF DECEASED (Type or Print) Maude		a. (First)		b. (Middle) Theodosia		c. (Last) McNair			
4. DATE OF DEATH June 27, 1949		4. DATE (Month) (Day) (Year)							
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH June 22, 1877			
9. AGE (in years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (State or foreign country) Ohio			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Hixson		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Boyd		14. NAME OF HUSBAND OR WIFE James Elliott McNair		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Janie Walker, Kansas City, Missouri					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 wks. 3 yrs. 4501	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 June 4, 1949, to 6-27, 1949 that I last saw the deceased alive on June 4, 1949, and that death occurred at 7:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE J. J. Wallace				(Degree or title) M.D.		23b. ADDRESS 1215 Realto Bldg		23c. DATE SIGNED 6-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/29/49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State). Cowgill, Missouri			
DATE REC'D BY LOCAL REG 6/29/49		REGISTRAR'S SIGNATURE Dr. Anne B. Hodges		130		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 5 1950

Dr. Theodore W. ...
...
...

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address *K. Ohio*

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.