

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37388

State File No.

4890

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4890</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) c. LENGTH OF STAY (in this place) <u>5 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital--11 Weeks</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>4746 Roanoke Road</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MISS</u> b. (Middle) <u>MARY</u> c. (Last) <u>McGRAIL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>nov 17 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 8 1870</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>		IF UNDER 11 HRS. Hours <u>11</u> Min. <u>38</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Brookfield Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Michael McGrail</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Duffy</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bess Mc Grail</u>		ADDRESS <u>4746 Roanoke Road</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Fracture upper end of femur in her home</u> ANTECEDENT CAUSES <u>Pneumo pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumo pneumonia</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>8-29-49</u> <u>11-17-49</u>			
19a. DATE OF OPERATION <u>11-17-49</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>at home</u> <u>SLIP AND FALL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Mo Jackson Co. Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8- 29- 49</u> a. m. <input type="checkbox"/> p. m. <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Slipped & fell in her room</u>		22. I hereby certify that I attended the deceased from <u>8-29</u> , 19 <u>49</u> to <u>11-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-17</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.				23a. SIGNATURE <u>M. J. Owens</u> (Date of this cert.) _____		23b. ADDRESS <u>906 Grand Como</u>	
23c. DATE SIGNED <u>11-17-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11 17/49</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-17-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duirk + Robin</u>		ADDRESS <u>20 West Linwood</u>			

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Forrest D Goldsnow

Licensed Embalmer No. 4714

P. O. Address H. 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.