

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4931

State File No. 740

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>15 mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>2410 E 70th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Childrens</u> | | | |

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|--|-------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u> b. (Middle) <u>Diane</u> c. (Last) <u>McMahan</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2/16/50</u> | |
| 5. SEX <u>fe</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>11/10/48</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | 9b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>7</u> <u>15</u> <u>15</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Ernest Eugene McMahan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helen Stewart</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ernest McMahan</u> ADDRESS <u>2410 E 70th</u> | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u> | | II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral spastic palsy</u> | | <u>4 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 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 2-14, 1950, to 2-16, 1950, that I last saw the deceased alive on 2-16, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|------------------------------|--|---|--|
| 23a. SIGNATURE <u>James D. Watson M.D.</u> | | 23b. ADDRESS <u>6153 Oak</u> | | 23c. DATE SIGNED <u>2/16/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-18-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>2-17-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u> ADDRESS <u>Kansas City Mo</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

A. B. Blackman

Licensed Embalmer No. *3639*

P. O. Address *R. 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.