

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20341

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2704</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1823 Vine Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>GENERAL HOSPITAL #2</u>				3328					
3. NAME OF DECEASED (Type or Print) <u>WENONAH</u>			a. (First)	b. (Middle)	c. (Last) <u>MCNEARE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1950</u>			
5. SEX <u>FEMALE 3</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCTOBER 20 1909</u>			
9. AGE (In years last birthday) <u>40</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>OKLAHOMA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>CAP HUNTER</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIAN HUNT</u>		14. NAME OF HUSBAND OR WIFE <u>ATED MC NEARES</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMITT J. SCOTT 2716 E. 26th St.</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, ashenia, 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* (a) <u>UREMIA (CLINICAL)</u>				DUE TO (b) <u>MALIGNANT HYPERTENSION</u>				445X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____					
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) _____		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>5-15</u> , 19 <u>50</u> , to <u>6-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-16</u> , 19 <u>50</u> , and that death occurred at <u>6:10Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE OF REGISTRAR <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>6-19-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/22/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lurculan</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-19-50</u>		REGISTRAR'S SIGNATURE <u>Steldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H B Moore 1870 E 18</u>					

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.