

FILED SEP 16 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

30540

State File No.

3708

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3708</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> <u>3220</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>3200</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1908 East 19th Street</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ROBERT R</u>		b. (Middle)		c. (Last) <u>McCREE</u>		
4. DATE OF DEATH		(Month) <u>AUGUST</u>		(Day) <u>30</u>		(Year) <u>1950</u>			
5. SEX <u>MALE</u> <u>J</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <u>2</u>		8. DATE OF BIRTH <u>JULY 3 1892</u>		9. AGE (In years last birthday) <u>58</u> if UNDER 1 YEAR Months Days if UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTERS</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>ALEXANDRIA, LOUISIANA</u> /		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>BENJAMIN McCREE</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH McCREE</u>			14. NAME OF HUSBAND OR WIFE <u>-</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 ADDRESS <u>WALTER McCREE 1908 East 19th Street</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA (CLINICAL)</u>						<u>440X</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOLAR NEPHROSCLEROSIS</u>							
		DUE TO (c) <u>HYPERTENSIVE HEART DISEASE WITH CARDIAC INSUFFICIENCY</u>							
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 <u>8-8-</u> <u>1950</u> , to <u>8-30</u> , <u>1950</u> , that I last saw the deceased alive on <u>8-30</u> , <u>1950</u> , and that death occurred at <u>2:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 East 22nd Street</u>				23c. DATE SIGNED <u>8-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunkie Cemetery Bunkie</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>8-31-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H B Moore</u>		ADDRESS <u>1820 E 18th St</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H B Moore

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.