

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37143
4739BIRTH 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>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>6 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>6440 OAK STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6440 OAK STREET</u>		d. STREET ADDRESS (If rural, give location) <u>6440 OAK STREET</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LETITIA</u> b. (Middle) <u>F.</u> c. (Last) <u>McGREGOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 9. 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 6. 1877</u>
9. AGE (In years last birthday) <u>83 YEARS</u>		10. 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 <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>DUBOUE IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>-----</u>	
13b. MOTHER'S MAIDEN NAME <u>-----</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE M. McGREGOR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. H. VALE</u>		ADDRESS <u>6440 OAK STREET, KANSAS CITY, MO.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS, ARTERIO-SCLEROSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION, ESSENTIAL</u> YEARS <u>44 1/2</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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>MAY</u> , 19 <u>50</u> , to <u>Nov 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 9</u> , 19 <u>50</u> , and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>416 Bryant Bldg.</u>	
23c. DATE SIGNED <u>11-9-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>NOV-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-----</u>	
24d. LOCATION (City, town, or county) (State) <u>MINNEAPOLIS, MINNESOTA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Neumann</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</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 Bernard L. Moran

Signed.....
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address H. C. McJ...

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.