

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40856  
5069

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>few hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>722 Garfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Samuel</b>	b. (Middle)	c. (Last) <b>McDonald</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 15 1925</b>	9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Economy Td. Sc.</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Samuel McDonald</b>	13b. MOTHER'S MAIDEN NAME <b>Agnes Bass</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine McDonald</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #2</b>	16. SOCIAL SECURITY NO. <b>515-14-7340</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Samuel Leven McDonald</b>	ADDRESS <b>1406 Boyd K.C.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Gunshot wound</b>		INTERVAL BETWEEN ONSET AND DEATH <b>K</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>of skull</b>		
	DUE TO (c) <b>2981</b>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) <b>1719 N. 9th St.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>K.C. Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>11/25/1950 8:00 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Gunshot wound.</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thos. A. Jones</b>	23b. ADDRESS <b>1617 E 12th St</b>	23c. DATE SIGNED <b>11/28/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-12-4-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Kans.</b>
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DATE REC'D BY LOCAL REG. <b>12-1-50</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Nathan W. Hutchins</b>	ADDRESS <b>K.C. K.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1950

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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.....  
Student Embalmer

Signed.....

*Clifford Woods*

Licensed Embalmer No. *3106*

P. O. Address *325 Parallel*

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.