

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28435

State File No.

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>15D</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON 04805</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 town) <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place township) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3438 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOME FOR AGED</u>				d. STREET ADDRESS (If rural, give location) <u>815-E-2406t.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOLOMON</u>		b. (Middle)		c. (Last) <u>McGEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 5 1952</u>	
5. SEX <u>2</u> <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>1-14-1884</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL MILL</u>		11. BIRTHPLACE (State or foreign country) <u>LITTLE ROCK, ARK!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SOLO McGEE</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE RUSSON</u>		14. NAME OF HUSBAND OR WIFE <u>DON'T KNOW.</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>493-12-5083</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LILLIE SCOTT 2447 FOREST, K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thyroidal Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy (Major)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3533</u>				20. AUTOPSY? YES <input 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) (m.)		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 _____, 19____, to <u>8/8</u> , 19 <u>52</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. H. Griffin M.D.</u>				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>8-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUG. 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO. Kans.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-52</u>		REGISTRAR'S SIGNATURE <u>Donald C. Barnshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN, K.C., Mo.</u>		ADDRESS	

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Laurence A. Jones*

Licensed Embalmer No. *4429*

P. O. Address *1708 May Ave*

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.