

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31879**
4619
Registrar's No.

FILED OCT 15 1953

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4619</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 OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>71 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4545 Holmes St.</u>				e. STREET ADDRESS (If rural, give location) <u>4545 Holmes St.</u> <u>3668</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle)		c. (Last) <u>McGee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 23 53</u>		
5. SEX <u>Ma</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>1-28-1859</u>		9. AGE (In years last birthday) <u>94</u> If UNDER 1 YEAR: Months Days If UNDER 1 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done, definite part of working life, even if retired) <u>Executive</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brighton, Mass /</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas McGee</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Murtaugh</u>			14. NAME OF HUSBAND OR WIFE <u>Louise C. McGee</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>491-20-2601</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jos. B. McGee, 5405 Wornall Rd. KC Mo</u>				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney infection (n.m.o.)</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 <u>1000's</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____						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) (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>9. 15</u> , 1853 to <u>9. 23</u> , 1953, that I last saw the deceased alive on <u>9. 23</u> , 1953, and that death occurred at <u>10:20</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>T. S. Bourke</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1207 Realto Rd 440</u>			23c. DATE SIGNED <u>9.24.53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-24-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J W Nagnew K 6 Mo</u>				

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

no 3345

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin R. Haunshel*

Licensed Embalmer No. *415*

P. O. Address *R. E. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.