

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19043**  
**2348**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>		e. STREET ADDRESS (If rural, give location) <u>3411 Tracy</u>	<u>3528</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Allen</u>	b. (Middle) <u>L.</u>	c. (Last) <u>McBee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 23 1954</u>
-------------------------------------	-------------------------	-----------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shipping Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN CAN CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rayville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Benjamin Franklin McBee</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Branstetter</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia McBee</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-07-7038</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia McBee</u>	ADDRESS <u>3411 Tracy, K. C. Mo.</u>
---	--	--	--------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple pulmonary infarcts</u>			
ANTECEDENT CAUSES	DUE TO (b) <u>Hypertrophy and dilatation of heart and thrombi right auricle</u>		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (c) <u>Coronary arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 May 15, 1954, to May 23, 1954, that I last saw the deceased alive on May 23, 1954 and that death occurred at 6:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title)	23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>5-24-54</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonner Springs, Cemeter</u>	24d. LOCATION (City, town, or county) (State) <u>Bonner Springs, Kansas.</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-24-54</u>	REGISTRAR'S SIGNATURE <u>Suzeldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Spencer L. Taylor</u>	ADDRESS <u>St. Catharine's</u>
---	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. [unclear]*

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 *Jonathan W. Faye*, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Jonathan W. Faye*

Licensed Embalmer No. 344

P. O. Address *Aluthe*

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.