

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY c. LENGTH OF STAY (In this place) 5 years 11. TOWN KANSAS CITY d. In Residence within limits of a city or incorporated town? Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. In Residence within limits of a city or incorporated town? Yes No 10. STREET ADDRESS (If rural, give location) LaSalle Hotel, 922 Linwood 3490

3. NAME OF DECEASED a. (First) ELBERT b. (Middle) E. c. (Last) MC GEE 4. DATE OF DEATH (Month) (Day) (Year) June 7, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 16, 1896 9. AGE (In years last birthday) 57 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Television 11. BIRTHPLACE (City and State or Foreign Country) Dade City, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Peter McGee 13b. MOTHER'S MAIDEN NAME Martha Hurst 14. NAME OF HUSBAND OR WIFE Jeannette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI 16. SOCIAL SECURITY NO. 439 09 8168 17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records Kansas City Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of oropharynx MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 years ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 148X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO []

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) VA 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from April 22, 1954, to June 7, 1954, and that death occurred at 9:35 Am., from the causes and on the date stated above.

23a. SIGNATURE THOMAS J. RANKIN, M.D. (Degree or title)? 23b. ADDRESS VA Hospital, Kansas City, Mo 23c. DATE SIGNED 6/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 8, 1954 24c. NAME OF CEMETERY OR CREMATORY GREENFIELD CEMETERY GREENFIELD, MISSOURI 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-8-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 Arroyo Vista Blvd Kansas City, Missouri

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *Roscoe J. Boyer*

Licensed Embalmer No. *482*

P. O. Address *4610, 11*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.