

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30955**

FILED SEP 30 1954

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>367</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) INDEPENDENCE		c. LENGTH OF STAY (In this place) 39 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		d. STREET ADDRESS (If rural, give location) 109 N. RIVER			
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 N. RIVER BLVD.				d. STREET ADDRESS (If rural, give location) 109 N. RIVER				1005	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET			b. (Middle) _____			c. (Last) McCRAY			
4. DATE OF DEATH SEPT. 15 1954			4. DATE (Month) (Day) (Year)			4. DATE OF DEATH SEPT. 15 1954			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 30 1870		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ATCHISON KANSAS			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOSEPH McDOUGAL			13b. MOTHER'S MAIDEN NAME MATILDA STUART			14. NAME OF HUSBAND OR WIFE JASPER J. McCRAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NO			17. INFORMANT'S SIGNATURE OR NAME MRS. VIRGIE McCRAY THURSTON.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION Perniciious Anemia					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			DUE TO (b) _____						
ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____						
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? 2900			
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) _____			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>Feb. 12, 1950</u> , to <u>Sept. 15, 1954</u> , that I last saw the deceased alive on <u>Sept. 15, 1954</u> , and that death occurred at <u>9:50 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE With Andrew D. O'Connell			23b. ADDRESS Independence Mo.			23c. DATE SIGNED 9/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____			24b. DATE SEPT. 17, 1954			24c. NAME OF CEMETERY OR CREMATORY CENTRALIA			
24d. LOCATION (City, town, or county) (State) CENTRALIA KANSAS			24e. LOCATION (City, town, or county) (State) _____			24f. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. 9-17-54			REGISTRAR'S SIGNATURE James H. O'Connell			HEALTH DEPARTMENT SIGNATURE Benny H. Stahl			
ADDRESS _____			ADDRESS _____			ADDRESS INDEPENDENCE MO			

(Licensed Embalmers' Statements on Reverse Side)

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

300
48

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

Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No.

4531

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.