

FILED SEP 21 1956

STANDARD CERTIFICATE OF DEATH

30842

STATE FILE NUMBER

3825

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3825

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, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 Length of stay in 1b <input checked="" type="checkbox"/>		STREET ADDRESS 806 E. 11 St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Gladys Middle — Last McKenzie			4. DATE OF DEATH Month 8 Day 30 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1903		9. AGE (In years last birthday) 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY apartment	11. BIRTHPLACE (City and state or country) Madison Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13. FATHER'S NAME James T. McNeal	14. MOTHER'S MAIDEN NAME Mary J. German
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-05-0291
17. INFORMANT Eyes McKenzie Address 806 E. 11th	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis and encephalomalacia		INTERVAL BETWEEN ONSET AND DEATH 332h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from August 20, 1956 to August 30, 1956 and last saw her her alive on Aug. 30, 1956 Death occurred at 1:25A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE B. I. Burns (Degree or title) 0	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 8-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept-1-1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	23d. LOCATION (City, town, or county) (State) Kansas City, Mo
24. FUNERAL DIRECTOR C. J. Blackman & Son Inc. ADDRESS _____	25. DATE RECD. BY LOCAL REG. 8-31-56	26. REGISTRAR'S SIGNATURE Neva Minshall	

H.C. (Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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..... *W.C. Quinn*

Licensed Embalmer No. *48*

P. O. Address *N.C.*

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.