

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2818-61-021357
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2818

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Length of stay in 1b Unknown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Jackson Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2006 Green Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First William Luther Middle Mc Last George
4. DATE OF DEATH Month 6 Day 4 Year 61

5. SEX male **6. COLOR OR RACE** Caucas **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH 6/22/1901 **9. AGE (last birthday)** 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) partner **10b. KIND OF BUSINESS OR INDUSTRY** Barber Shop **11. BIRTHPLACE** (City and state or country) La. U.S.A. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME McGeorge **13b. MOTHER'S MAIDEN NAME** Julia **NAME OF HUSBAND OR WIFE** Genevieve McGeorge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** ? **17. INFORMANT** Mrs. Genevieve McGeorge-2006 Green Address 2006 Green

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) metastatic carcinoma of the
Bladder
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bladder
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **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 5/26-61 to 6-4-61 and last saw him alive on 6-4-61
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) **22b. ADDRESS** 2400 Cherry St **22c. DATE SIGNED** 6/5/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 6/8/61 **23c. NAME OF CEMETERY OR CREMATOR** Blue Ridge Lawn **23d. LOCATION** (City, town, or county) Kansas City, Mo (state) _____
24. FUNERAL DIRECTOR E. Stucky Bills ADDRESS 1212 Vine St. **25. DATE RECD. BY LOCAL REG.** 6-6-61 **26. REGISTRAR'S SIGNATURE** Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 E. Sterling Bill

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas

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.