

1939 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5261
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 460
(c) City K. C. Mo. (d) Street No. 2224 East 70th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William A. McVey
(a) Residence, No. 2224 East 70th St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Muskingum Cty,
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Hugh McVey
14. BIRTHPLACE (CITY OR TOWN) Zanesville, Ohio
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Wink
16. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)

17. INFORMANT John C. McVey
(ADDRESS) 2224 East 70th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb. 4, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
(ADDRESS) Kansas City, Mo.

20. FILED 274 1939 M. M. Grooms
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1927 to Feb. 3, 1939.
I last saw him alive on 2/2, 1929. Death is said to have occurred on the date stated above, at 3:00 m. am
The principal cause of death and related causes of importance were as follows:

Myocardial failure from hypertensive heart
95%
Date of onset 1/25/39

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) Dean C. Cameron, M. D.
(Address) 242 Plaza Medical Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. E. C. Carrier
Plaza Med. Arts
VA 3434

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.