No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14042

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1754

1. PLACE OF DEATH:

(a) County Jackson.

(b) City or town Kansas City. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4719 Warwick Boulevard. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether

In this community all his life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson.

(c) City or town Kansas City. (If outside city or town limits write "RURAL")

(d) Street No. 3719 Warwick Boulevard. (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Thomas Stuart McQueen. 2571

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Harriett Silliman.

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 23 (Day) 1871 (Year)

8. AGE: Years 69 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Broker.

11. Industry or business x

FATHER
12. Name Thomas Henry McQueen.
13. Birthplace Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name - Long.
15. Birthplace Unk. Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant H. S. McQueen.

(b) Address 3719 Warwick Blvd., K.C., Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery.

18. (a) Signature of funeral director Stine & McClure.

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-25-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th. year 1940 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from March 1 - 1940 to April 25, 1940; that I last saw him alive on April 24 - 9PM, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	2 weeks
Influenza Feb 15-1940	
Cardiac degeneration	
Due to Art. hypertension	10 yrs
93c	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert Tuthill M.D. (M. D. or other)

Address 1125 Realto Bldg Date signed Apr 25-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert M. Tuthill
3 Riffle 2-30

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 S. J. Allen

Licensed Embalmer No. 1410

P. O. Address F. C. Mo

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.