

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
10 JAN 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40779

State File No. 4454

Registrar's No. 4454

Registration District No. 299

Primary Registration District No. 1002

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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: Conley Clinic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 16 yrs. 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Rix Ames

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced wid - 2

6. (b) Name of husband or wife Sarah L. Ames 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 9 - 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>2</u>	<u>20</u>	____ hr. ____ min.

9. Birthplace Mo. - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Cattle Raiser

12. Name George Rix Ames

13. Birthplace Pa - 1
(City, town, or county) (State or foreign country)

14. Maiden name Catherine J. McClain

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Ames Pyle

(b) Address 3673 Summit

17. (a) Burial (b) Date thereof Dec-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. KCM

18. (a) Signature of funeral director Mrs. C. P. Foster

(b) Address 918 Broadway

19. (a) 12/1/41 (b) Dr. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")

(d) Street No. 1244 Washington St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1941 hour 8 minute 35 M.

21. I hereby certify that I attended the deceased from JUNE, 1940, to Nov, 1941;
that I last saw him alive on Nov. 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Sclerosis 18 Mo. +

Due to HYPER TENSION 9 Yrs 10 Yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Coronary occlusion

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? _____

While at work _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. L. Jones D.D. (M. D. or other) D

Address 3737 MAIM Date signed 11/29/41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2570

P.O. Address Kansas City 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, fact should be so stated above.