

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1574

State File No. _____

Registration District No. IAN 21/1946

Primary Registration District No. 1002

Registrar's No. 5365

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

100344

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri

(c) Name of hospital or institution: 6518 the Paseo /
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 39 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas J. McGRURY

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 Widower

6. (b) Name of husband or wife Lottie McGrury

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

7. Birth date of deceased December 15th, 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 10
If less than one day hr. min.

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

10. Usual occupation Office clerk (RETIRED)

11. Industry or business K. C. Water Department

MOTHER FATHER { 12. Name James McGrury

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ella Harris

15. Birthplace Unknown Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Chester W. McGrury, son,

(b) Address 6518 Paseo, Kansas City Mo.

17. (a) Removal (b) Date thereof 12/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Illinois

18. (a) Signature of funeral director M. Lady-McGilley-Eylar

(b) Address 1800 Linwood, K. C. Mo.

19. (a) 12/27/45. (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6518 the Paseo 8
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Dec.
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 24 Dec 1945 to Dec 25 1945
that I last saw him alive on Dec 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 24 hrs

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gfa

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? _____

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

23. Signature William M. Lorth (M. D. or other) MD
Address 612 Professional Bldg Date signed 12/26/45

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, fact should be so stated above.