

S. No. 2
 OM-2-43
 v. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF VITAL RECORDS
FILED APR 10 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hrs. 30 min.
(Specify whether years, months or days)
 In this community 4 years

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. 2109 Olive 7
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Pearl Mc Gee
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 21, year 1946 hour 101 minute 15 A. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ellis Mc Gee 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased: May 30 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21, 1946 to March 21, 1946; that I last saw her alive on March 21, 1946; and that death occurred on the date and hour stated above.
 Immediate cause of death. Acute Yellow Atrophy Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>9</u>	<u>20 21</u>	hr. _____ min. _____

Due to Rheumatic Heart Disease Chronic
 Due to Mitral Stenosis

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

Other conditions 1250
(Include pregnancy within 3 months of death)

10. Usual occupation Domestic

11. Industry or business None

MOTHER FATHER
 12. Name James Green
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Rosabelle Riley
 15. Birthplace Georgia
(City, town, or county) (State or foreign country)

Major findings: 1250
 Of operations _____
 Of autopsy (Same as above)
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Medical Records Librarian
 (b) Address General Hospital No. 2

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? _____

17. (a) Removal (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ardmore, Okla.

While at work? _____ (Specify type of place)
 (c) Means of injury ①

18. (a) Signature of funeral director W. J. ...
 (b) Address 1739 ...
 19. (a) 3-25-46 (b) Ernestine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Ernestine Holmes (M. D. brother)
 Address General Hospital No. 2 Date signed 3/22/46

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

8442

125-2
956

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.....

Laurence A. Jones

Registered Apprentice No. *378*

working under my personal supervision.

Signed *Jerome Malone*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.