S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30346

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4104

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: 0
Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community 3 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Modena (If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Alice McHargue

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Lloyd K. McHargue

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 13 (Day) 1904 (Year)

8. AGE: Years 42 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Truman Stewart

13. Birthplace Modena (City, town, or county) Mo. (State or foreign country) 0

MOTHER 14. Maiden name Lucy Linville

15. Birthplace Melgrove (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Lloyd K. McHargue

(b) Address Modena, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 - 28 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Spickard, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 9-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 46 hour 8 minute 08 P.M.

21. I hereby certify that I attended the deceased from Sept 13, 1946 to Sept 27, 1946 that I last saw he alive on Sept 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia (Bilateral)	8 wks
Due to: Bacteremia	4 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations — 107

Of autopsy Pneumonia, acute Myocarditis

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 0

Signature Robert H. McGlenahan (M. D.)

Address 1103 Grand K.C. Mo. Date signed 9/27/46

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.