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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30351

FILED SEP 16 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3815

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: 1218 EAST 44TH STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 31 YEARS
years, months or days)

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. 1218 EAST 44TH STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MR HENRY MILTON McQUEEN

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 MRS. ORA WOOD McQUEEN

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased NOVEMBER (Month) 24 (Day) 1872 (Year)

8. AGE: Years 73 Months 9 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation RETIRED

11. Industry or business OIL OPERATOR SELF

FATHER
12. Name THOMAS H. McQUEEN
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY JANE JAMISON
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant mr. ora wood mc Queen
(b) Address 1218 E. 44th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation mt. moriah

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 9-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 4TH year 1946 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from October 6, 1945, to Sept. 4, 1946 that I last saw him alive on Sept. 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Auricular Fibrillation	2 mos.
Due to Arteriosclerosis, General	
Due to	
Other conditions (Include pregnancy within 3 months of death) 95a	

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 0

23. Signature Edw. H. Hashinger (M. D. or other)
Address 1500 Professional Bldg. Date signed 9/5/46

(Licensed Embalmer's Statement on Reverse Side)

1500 [redacted]ssional Bldg.
1-4-Shelv.

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 Bernard L Lorain

Licensed Embalmer No. 4250

P. O. Address N 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, fact should be so stated above.