

No. 2  
-12.45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4951  
Registrar's No. 799

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 # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether  
In this community 27 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 802 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME McGee, Frances A  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lloyd E. McGee 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased 2 - 7 - 1920  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 20  
year 1947 hour 4 minute 50 AM  
21. I hereby certify that I attended the deceased from February 1, 1947 to February 20, 1947  
that I last saw her alive on Feb. 20, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
27 0 13 hr. min.

Immediate cause of death Hodgkins Disease  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
44/8

9. Birthplace: Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business  
MOTHER FATHER { 12. Name David A. Wilson  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Melta  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: 44/8  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Lloyd E. McGee  
(b) Address 802 Harrison  
17. (a) Burial (b) Date thereof 2-22-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (c) Means of injury

(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address Kansas City, Missouri  
19. (a) 2-21-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Wm W Hart (M. D. or other MD)  
Address Med. Dir. Gen'l Hosp. Date signed 2-20-47

(Licensed Embalmer's Statement on Reverse Side)

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

---

---

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.....

*Dean Owens*

Licensed Embalmer No.....

*4280*

P. O. Address.....

*918 Brooklyn  
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.**