

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5010
465

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 E 38 ST		d. STREET ADDRESS (If rural, give location) 104 E 38	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) SIMPSON	c. (Last) MCGOWN	4. DATE OF DEATH (Month) (Day) (Year) 1 28 49
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5. SEX FEM	6. COLOR OR RACE WHT	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 2-6-1861	9. AGE (In years last birthday) 87	# UNDER 1 YEAR 11	MONTHS 11	DAY 22	# UNDER 24 HOURS 0	MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME WILLIAM SIMPSON	13b. MOTHER'S MAIDEN NAME JULIA E HOLMES	14. NAME OF HUSBAND OR WIFE CHARLES P.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAURA C. HOLMES 104 E 38
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Primary Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	ANTECEDENT CAUSES DUE TO (b) Debility DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1926 to Jan 28, 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 9:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Frank I. Ridge (Degree or title) (Dr. M.D.)	23b. ADDRESS 411 Plamida Rd. RR Box	23c. DATE SIGNED 1-31-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/1/49	24c. NAME OF CEMETERY OR CREMATORY FUNEST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
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DATE REC'D BY LOCAL REG 2-1-49	REGISTRAR'S SIGNATURE Shaldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE-McCLURE K.C. MO
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. FRANK RIDGE
411

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Max E Meyer

Signed _____
Student Embalmer

Licensed Embalmer No. 45555

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.