

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30417

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 3963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Kaw</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1705 Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>J</u>	c. (Last) <u>McGowan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14th 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>5-7-1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C+M+S.P.R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>County Clare, Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas J. McGowan</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Reider</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>707-12-7439</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thos White</u> ADDRESS <u>2619 Bellevue</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	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 9-11-49 to 9-14-49, 1949, that I last saw the deceased alive on 9-11-49, 1949, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)	23b. ADDRESS <u>Med. Dir. K.C. Gen. Hospital K.C. Mo.</u>	23c. DATE SIGNED <u>9-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-15-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quinby &amp; Soben</u> ADDRESS <u>20 W. Kinwood</u>
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed *Maudie Adair* \_\_\_\_\_

Licensed Embalmer No. *4016* \_\_\_\_\_

P. O. Address: *20 W. Linwood* \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. <sup>45</sup> (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.