

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26997

State File No. ....

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                |                                                                                                                                             |                                                                               |                                                                          |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REG. DIST. NO. <u>149</u>                                                                              |                                                                | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                          |                                                                               | Registrar's No. <u>3423</u>                                              |                                      |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |                                                                               |                                                                          |                                      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | c. LENGTH OF STAY (in this place)<br><u>47 yrs.</u>                                                    |                                                                | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN, <u>Kansas City</u>                                         |                                                                               | <u>3338</u>                                                              |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2020 Askew</u>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                | d. STREET ADDRESS (If rural, give location)<br><u>2020 Askew</u>                                                                            |                                                                               |                                                                          |                                      |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Minnie</u> b. (Middle) <u>Leota</u> c. (Last) <u>McGaugh</u>                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>August 5, 1950</u> |                                                                                                                                             |                                                                               |                                                                          |                                      |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                        | 6. COLOR OR RACE <u>Negro</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                               | 8. DATE OF BIRTH<br><u>June 29, 1877</u>                       |                                                                                                                                             | 9. AGE (In years last birthday) <u>73</u>                                     | IF UNDER 1 YEAR<br>Months<br><u>0</u>                                    | IF UNDER 24 HRS.<br>Days<br><u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10b. KIND OF BUSINESS OR INDUSTRY                                                                      |                                                                | 11. BIRTHPLACE (State or foreign country)<br><u>Gallatin, Missouri</u>                                                                      |                                                                               | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                               |                                      |
| 13a. FATHER'S NAME<br><u>Alexander Walker</u>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13b. MOTHER'S MAIDEN NAME<br><u>Caroline Peniston</u>                                                  |                                                                | 14. NAME OF HUSBAND OR WIFE<br><u>George McGaugh</u>                                                                                        |                                                                               |                                                                          |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16. SOCIAL SECURITY NO. <u>No</u>                                                                      |                                                                | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Fay McGaugh 2008 Askew</u>                                                                  |                                                                               |                                                                          |                                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Uremia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Urinary Obstruction</u><br>DUE TO (c) <u>Endometrial Carcinoma with metastasis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                                                        |                                                                |                                                                                                                                             |                                                                               | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>172h</u>                      |                                      |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 19b. MAJOR FINDINGS OF OPERATION                                                                       |                                                                |                                                                                                                                             |                                                                               | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                                      |
| 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)                                                                                             |                                                                               |                                                                          |                                      |
| 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?                                                                                                                  |                                                                               |                                                                          |                                      |
| 22. I hereby certify that I attended the deceased from <u>5 Aug, 1950</u> , to <u>5 Aug, 1950</u> , that I last saw the deceased alive on <u>5 Aug, 1950</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                |                                                                                                                                             |                                                                               |                                                                          |                                      |
| 23a. SIGNATURE <u>Bruce P. McDonald M.D.</u>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                | 23b. ADDRESS <u>2604 Prosbart</u>                                                                                                           |                                                                               | 23c. DATE SIGNED <u>Aug 10 '50</u>                                       |                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 24b. DATE<br><u>8/10/50</u>                                                                            | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lincoln Cemetery</u>  |                                                                                                                                             | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |                                                                          |                                      |
| DATE REC'D BY LOCAL REG.<br><u>8-10-50</u>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REGISTRAR'S SIGNATURE<br><u>Sheraldine Holmes Watkins</u>                                              |                                                                |                                                                                                                                             | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Lydia</u>                      |                                                                          |                                      |

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

*Dr M<sup>c</sup>Donald*

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*L. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

**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.**