

No. 300
-10-47
-17-39
PI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36718**
Registrar's No. **4448**

FILED NOV 20 1948
Registration District No. **449**

Primary Registration District No. **1002**

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

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:
1204 W. 18th St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 13 Years years, months or days)

3. (a) PRINT FULL NAME BENJAMIN F. MCBEE
 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 Ida 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Dec. 21 1871
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>76</u> | <u>10</u> | <u>9</u> | hr. min. |

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Grocer

MOTHER FATHER
 11. Industry or business
 12. Name Benjamin F. McBee
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Woolliard
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida McRee
 (b) Address 1204 W. 18th St.

17. (a) Removal (b) Date thereof 10/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fraymer Missouri

18. (a) Signature of funeral director Quint & Tobin Co.
 (b) Address 20 W. Linwood

19. (a) 11-1-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1204 W. 18th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30
 year 1948 hour 4:50 minute P M.
 21. I hereby certify that I attended the deceased from
Coram, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
 Due to arteriosclerosis

Due to _____
 Other conditions 932
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy History of angina

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?
3

While at work? _____ (Specify type of place)
 Means of injury Coronary
 23. Signature James C. Walker (M. D. or other)
 Address 1424 24th St Date signed 10-31-48

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Hamas 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.