

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5654**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **879**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Kansas City T.B. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 Mo 5 days**
 (Specify whether
 In this community **20 years**
 years, months or days)

3. (a) PRINT FULL NAME **William McKeinzey**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 20 1902**
 (Month) (Day) (Year)

8. AGE: Years **37** Months **5** Days **19** If less than one day hr. min.

9. Birthplace **Georgetown Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business _____

12. Name **William McKeinzey**

13. Birthplace **Texas**
 (City, town, or county) (State or foreign country)

14. Maiden name **Clara Williams**
 (City, town, or county) (State or foreign country)

15. Birthplace **Texas**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **K.C.T.B. Hospital**

(b) Address **Leeds station.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **2-26-1941**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Lawnside**

18. (a) Signature of funeral director **Wm J Brady**

(b) Address **1513 Trovost**

19. (a) **2-26-40** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Yorkwood**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**
 year **1940** hour **11** minute **0** P.M.

21. I hereby certify that I attended the deceased from **Feb 3**, 19**39**, to **Feb 7**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Ph. T. B. T. H.**

Due to **22**

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____

23. Signature **Wm J Brady** (Specify type of place) (a) Means of injury _____

24. Signature **Wm J Brady** (M. D. or other) _____

Address **Kansas City, Mo.** Date signed **2-8-40**

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

Rev. 5-17-39
U.S. GPO: 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

R. P. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address K. 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, above space should be left blank.