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23159

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31192
Registrar's No. 3755

Registration District No. 399

Primary Registration District No. 1002

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:
2301 East 73rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Years
(Specify whether years, months or days)

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. 2301 East 73rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Mrs. Emily Elliott McKean

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. John E. McKean 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July 20 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 7 If less than one day ----- hr. ----- min.

9. Birthplace Gavers Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name George Elliott

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

14. Maiden name Mary McGregor

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

16. (a) Informant Edward W. Kim

(b) Address 2301 E. 73rd

17. (a) Cremation (b) Date thereof Sept. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-28-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from -----, 19-----; that I last saw him ----- alive on -----, 19-----; and that death occurred on the date and hour stated above. Imitate cause of death -----

Acute dilatation of heart
Diastolic heart failure
due to
adhesive pleurisy
Other conditions -----
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations -----
Of autopsy -----

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? -----

While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature M. M. Brown (M. D. or other) -----
Address 1401 B.C. Blvd. Date signed -----

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

MOTHER FATHER

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 *Emile M. Colburn*

Licensed Embalmer No. *3506*

P. O. Address *Kansas City - Mo*

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

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