

2
-40
39
(23)199

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:
3412 East 63rd 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 **20 Years**
years, months or days

FILED DEC 11 1940

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. **3412 East 63rd St**
(If rural, give location)
0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Catherine B. Mc Kenzie**

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

4. Sex **Fe** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **John Mc Kenzie** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Dec 10 1859**
(Month) (Day) (Year)

8. AGE: Years **80** Months **10** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Glasgow, Scotland** (City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business _____

12. Name **William J. Cunningham**

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

14. Maiden name **Mary Jane Faye**

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

16. (a) Informant **Ms E J Barnes**

(b) Address **3412 East 63rd St**

17. (a) **Burial** (b) Date thereof **Nov 5th 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Bergman Funeral Home**

(b) Address **4306 Millcreek Pky**

19. (a) **11 -5-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **3**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 1**
1940, to **Nov 3**, 19**40**
that I last saw her alive on **Nov 3**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Bronchial Pneumonia

Due to **Hypertension and**
Cardio Renal Disease

Other conditions
(Include pregnancy within 3 months of death) **95 B 7**

Major findings:
Of operations **No**
Of autopsy _____

Duration
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? _____

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

23. Signature **Thomas E. Barnes** (M, D, or other)

Address **2412 East 63rd St** Date signed **11/4/40**

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

Dr. Kyrner
Northman Bldg.
SHE-3070

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

Harry E. Bugman

Licensed Embalmer No.

2041

P. O. Address

Kan 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.