

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4880**

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:
3337 E 18th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 25 year
years, months or days

3. (a) PRINT FULL NAME MIKE MC. KENIFF

8. (b) If veteran, name war No

8. (c) Social Security No. No

4. Sex M

5. Color or race W

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 Unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>--</u>	<u>--</u>	hr. _____ min. _____

9. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business 5

12. Name Michael Mc Keniff

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

14. Maiden name Catharine Turner

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

16. (a) Informant Harry F. Mc Keniff

(b) Address 1006 Ohio

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-10-40
(Month) (Day) (Year)

(c) Place: burial or cremation St. John's Church

18. (a) Signature of funeral director H. H. Daniels

(b) Address 1506 Morgan Ave.

19. (a) 12-23-40 (Date received local registrar)

(b) M. M. Corrow (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. 3337 E 18th
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 12-22-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9:30-6
_____ 19____, to _____ 19____;
that I last saw _____ live on _____ 19____;
and that death occurred on the date and hour stated above.
I state cause of death _____

Coronary
Heart
Hemopericardium
Due to _____
Acute myocardial infarction
Due to _____
rupture of the heart
Great coronary occlusion

PHYSICIAN

Major findings: _____
Of operations: ASIA
IVC

Of autopsy: Yes

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 name of place) (Means of injury)

23. Signature Walter M. Miller (M. D. or other) _____
Address: K.C. Mo. Date signed _____

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

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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address 2315 Linnwood

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.