No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1368

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 328

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: 1115 Westport Road /
(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 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1115 Westport Road
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME RALPH B. McCARTNEY

3. (b) If veteran, name war No
3. (c) Social Security No. 456-10-5906

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Dec. (Month) 2, (Day) 1899 (Year)

8. AGE: Years 41 Months 1 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Driver
11. Industry or business K. C. Ice Company
FATHER
12. Name Wilson McCartney
13. Birthplace (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Elizabeth Bement
15. Birthplace (City, town, or county) / Michigan (State or foreign country)
16. (a) Informant Mrs. W. S. McCartney
(b) Address 1115 Westport Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) Jan 22, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th year 1941 hour 9:30 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 16, 1941, to Jan 20, 1941; that I last saw him alive on Jan 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration about 1½ wks.

Due to Followed Flu

Due to [illegible]

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

23. Signature A. M. Ziegler (M. D. ~~or other~~)
Address 249 Plaza Med. Bldg. Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. M. Ziegler
315 Alameda Road
Lo. 2800

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 Roscoe H Keeler

Licensed Embalmer No. 3738

P. O. Address NC Md

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

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