

No. 2
4-13-40
-17-39
X23159

APR 15 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1138

18
38
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76
8
0

(a) State: Kansas (b) County: Osage

(c) City or town: Quenemo
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME: John H. McKay

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lola McKay

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: June 20 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	8	28	hr. min.

9. Birthplace: Cass County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: Smith McKay

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

14. Maiden name: Mary McKinley

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

16. (a) Informant: Mrs. J. H. McKay
(b) Address: Quenemo, Kansas

17. (a) Burial (b) Date thereof: Mar. 20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cem. Pomona, Ks.

18. (a) Signature of funeral director: H. W. Newcomer
(b) Address: Paces + Brook Creek R.C.M.O.

19. (a) 2/19/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 18
year: 1941 hour: 10 minute: 45 P.M.

21. I hereby certify that I attended the deceased from: March 16-41
19. to: March 18 1941
that I last saw him alive on: March 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis
Route: Gangrenous ruptured
Appendicitis
Due to: Intestinal Obstruction

Due to: General Peritonitis

Other conditions: 121
(include pregnancy within 3 months of death)

Major findings: Appendectomy
& release of mechanical
obstruction of intestine
Of autopsy: 121

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? _____

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

23. Signature: Dr. J. Graham (M.D. or other) _____
Address: 811 Chamber Bldg Date signed: 3-19-41

Mr. Graham
114 E 66 Ave.

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
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, fact should be so stated above.