

No. 2
13-40
17-39
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13657
State File No. _____
1638
Registrar's No. _____

Registration District No. 397
Primary Registration District No. _____

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 Days
In this community 10 Years
years, months or days (Specify whether)

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")
(d) Street No. 2301 East 73rd Street 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. John E. McKean

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Emily McKean 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 27 hr. min.

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

10. Usual occupation School Superintendant

11. Industry or business Retired -- 15 Yrs.

12. Name McKean

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

14. Maiden name URACHEL SLUTZ

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

16. (a) Informant Elliott S. McKean

(b) Address 2301 East 73rd Street

17. (a) Cremation (b) Date thereof Apr. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of 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) Apr 25 1941 (b) M. M. Brown
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1941 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from January 15, 1941, to April 23, 1941.
that I last saw him alive on April 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death rectal carcinoma of sigmoid (intestinal obstruction)

Due to _____

Due to _____

Other conditions arterio-sclerosis especially of coronary arteries

(Include pregnancy within 3 months of death)

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) (c) Means of injury 0

23. Signature Herbert H. Hunt (M. D. or other) Dr. D
Address 814 Wood ave Date signed 4-24-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

17 medical certificate

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. Harvey Quisenberry
Licensed Embalmer No. 4070
P. O. Address DC 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.