

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17266

Registrar's No. 1928

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

(d) Length of stay: In hospital or institution 5 Minutes  
(Specify whether years, months or days)

In this community 5 Minutes  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ronald McMackin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male  White 5. Color or race White

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 May 16 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>5</u> min.

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

10. Usual occupation Infant

11. Industry or business -----

MOTHER FATHER { 12. Name Frank N. McMackin

13. Birthplace Pleasant Green Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred A. Porter

15. Birthplace Los Angeles California  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank N. McMackin

(b) Address 3421 Troost Avenue

17. (a) Cremation (b) Date thereof May 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. May 16, 1941 (b) M. M. Crowl  
(Date received local registrar) (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. 3421 Troost Avenue  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1941 hour 12:55 minute 2 M.

21. I hereby certify that I attended the deceased from birth  
May 16, 1941, to five minutes later, 1941;  
that I last saw him alive on May 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum Duration 8 minutes

Due to Cord impingement

Due to 16/10

Other conditions 16/11  
(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? -----

While at work? ----- (Specify type of place)

(e) Means of injury 2

23. Signature Katherine W. Smith (M. D. or other) DD

Address 2105 Independence Date signed 5-16-41

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 Ernie W. Calhoun

Licensed Embalmer No. 3506

P. O. Address T. 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.**