

S. No. 2
-1-4-41
5-17-39
PI X26320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23962
State File No. 2501
Registrar's No.

FILED AUG 16 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

48
238
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**

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

(d) Street No. 716 McGee St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM McKay

3. (b) If veteran, name war Unk

3. (c) Social Security No. no

4. Sex Male **0** 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 April 9th 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>32</u>	<u>5</u>	hr. _____ min.

9. Birthplace Wisconsin **1**
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John McKay

13. Birthplace Pennsylvania **1**
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hartnett
(City, town, or county) (State or foreign country)

15. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Record clerk

(b) Address K.C. Gen. Hospital

17. (a) Burial (b) Date thereof 7-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reedy

18. (a) Signature of funeral director Lohmeyer

(b) Address City, Missouri

19. (a) 7/2/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1941 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6-10-41 19 to 6-14-41 19;
that I last saw him alive on 6-14-41 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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)

Means of injury _____

23. Signature Drury R. Thow (M. D. or other) **P**
Address Med. Dir. K.C. Gen. Hospital 6-30-41
Date signed _____

361 (Licensed Embalmer's Statement on Reverse Side)

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.....

Wm A. Robinson

Licensed Embalmer No. *3089*

P. O. Address.....

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.