

FILLED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's 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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-26-41-8-6-41  
(Specify whether years, months or days) 40 years 0

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. 214 1/2 Missouri Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

PEARL MCKAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Unk

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased March 17 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Industry

12. Name Deceased

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

14. Maiden name Deceased  
15. Birthplace Deceased  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 8-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deceased

18. (a) Signature of funeral director John A. Johnson

(b) Address 8/15/41

19. (a) 8/15/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1941 hour 6 minute 55 p.m.

21. I hereby certify that I attended the deceased from 7-26-41  
1941 to 8-6-41 1941

that I last saw him alive on August 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Hypertensive type Heart Disease

Due to 93 W

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?

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

23. Signature J. C. Brown (M. D. or other)

Address Deceased Date signed 8/9/41

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

27427

0423

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

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.**