

FILED NOV 14 1941

1001

Registrar's No.

1037

Registration District No. 85

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Buchanan City
(b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 2823 Monterey 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 28 1941 to Oct 28 1941
that I last saw him alive on Oct 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute encephalitis (Typhoid epidemic)
Duration 1 MO

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 370

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 Dr. W. J. ... (M. D. or other) MD
Address St. Joseph, Mo Date signed 10-28-41

3. (a) PRINT FULL NAME William Morris McKay
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy McKay
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan. 4, 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Ontario, Canada 2 (City, town, or county) (State or foreign country)

10. Usual occupation Court Reporter

11. Industry or business

MOTHER FATHER { 12. Name Robert McKay
13. Birthplace Ontario, Canada 2 (City, town, or county) (State or foreign country)
14. Maiden name Ellen Ferguson
15. Birthplace Ontario 2 Canada (City, town, or county) (State or foreign country)

16. (a) Informant Amy McKay

(b) Address 2823 Monterey

17. (a) Burial (b) Date thereof Oct. 30, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Fleeman and Son, Inc
(b) Address 1946 Colhoun, St. Joseph, Mo

19. (a) 10-28-1941 (b) Dr. W. J. ... (Registrar's signature) Z.C.
(Date received local registrar)

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

10-2-1940

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 ~~me~~ 10-28-41, Registered Apprentice No. _____ working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.