

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 30 1942

Registration District No. 444

Primary Registration District No. 4262

1. PLACE OF DEATH:
(a) County Knox County
(b) City or town Knox City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____
3. (a) PRINT FULL NAME Clara Josephine McKay
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife James B. McKay 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 22 1852
(Month) (Day) (Year)

8. AGE: 89 Years Months Days If less than one day
22 hr. min.

9. Birthplace Edinal, Knox Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Wm P. Bryson

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

14. Maiden name Leavella Jane Davis

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

16. (a) Informant's own signature Charles F. McKay

(b) Address Knox City, Mo.

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

(c) Place: burial or cremation Knox City Cemetery

18. (a) Signature of funeral director August W. Walter

(b) Address Knox City, Mo.

19. (a) Dec 14 1941 (b) Mrs C M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Knox City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 15 1940 to Nov 14 1941, 1941;
that I last saw her alive on Nov 14 1941, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma of the right mammary gland Duration _____

Due to _____

Due to _____

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

Major findings: 50
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. R. Smith (M. D. or other) _____

Address Knox City, Mo. Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 1-42-90

Date Filed JAN 15 1942

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

Frank H. Walter

Licensed Embalmer No.

684

P. O. Address

1207 C St. - No.

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, above space should be left blank.