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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9750

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1389

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 14

(d) Street No. 4911 Belinda Road (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME McKay, Mrs. ~~M. L.~~ Verne Walla (Juatine)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Merril L. McKay

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 2 (Day) 1891 (Year)

8. AGE: Years ~~50~~ 51 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name Martin Walz
13. Birthplace No Record (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Brounsberger
15. Birthplace No Record (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Merill L. McKay

(b) Address 4911 Belinda Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 7 (Day) 1942 (Year)

(c) Place: burial or cremation Calvary Cemetery, K.C. Mo.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 4-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1942 hour 5 minute P.M.M.

21. I hereby certify that I attended the deceased from Mar. 22, 1942 to Apr. 2, 1942 that I last saw her alive on Apr. 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Hypertension	7
Due to 93d	
Due to	
Other conditions Chr. myocarditis (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? (Specify type of place)

While at work? (e) Means of injury 7

23. Signature Wm R. Jackson (M.D. or other) M.D.

Address Date signed

(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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Kansas City, Kansas

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.