S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10571

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo. Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 mos. 6 days (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: North Kansas City [redacted] 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2004 Swift St., 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME: Tom F. McKay
3. (b) If veteran, name war: World War
3. (c) Social Security No.: 496-10-2960
4. Sex: Male ( )
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Susie McKay
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: March 15, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	11	6	hr. min.

9. Birthplace: ? (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: --
FATHER
12. Name: Thomas McKay
13. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name: Elma Berry
15. Birthplace: (City, town, or county) Wisconsin 1 (State or foreign country)
16. (a) Informant: Hospital Records, Veterans Administration
(b) Address: Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Wadsworth, Kansas
18. (a) Signature of funeral director: Claude Prichard
(b) Address: CLAUDE PRICHARD Excelsior Springs Mo
19. (a) 3-2-42 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1st day: March year: 1942 hour: 1:25 minute: P. M.
21. I hereby certify that I attended the deceased from October 23, 1941, to March 1, 1942; that I last saw him alive on March 1, 1942; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Carcinoma, bronchiogenic, right main bronchus
Due to:
Due to: 47C
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: as shown above

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: E. A. Welch (M. D. or other) E. A. WELCH, M.D.
Address: Veterans Administration Date signed: 3-2-42
Excelsior Springs, Mo.

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.