

Registration District No. 399

Primary Registration District No. 1002

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

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 1914 E-16th St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME MATY Mc KINNEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fe 3 5. Color or race col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter Mc Kinney 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 5 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Boonville (City, town, or county) mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Collins

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

14. Maiden name Elsie Collins

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

16. (a) Informant Walter Mc Kinney

(b) Address 1914 E. 16th St

17. (a) Burial (b) Date thereof 4-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Ft. B. Moore

18. (a) Signature of funeral director _____

(b) Address 1920 E-18th St

19. (a) 4-20-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1914 E-16th St 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 4-18-42 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw _____ on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Septicemic heart disease

Due to _____

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) _____ (Specify type of injury)

23. Signature Walter Mc Kinney (M. D. or other) _____
Address K. C. Mo. Date signed _____

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

AB Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E. 18th

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.