

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: 1847 East 7 St. /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Oyd Mc Kinney

3. (b) If veteran, name war no

3. (c) Social Security No. 495-09-0364

4. Sex Male White 5. Color or race

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

6. (b) Name of husband or wife Lillian Mc Kinney

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Feb 13 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Press man

11. Industry or business Corn Product Co North K.C.Mo

MOTHER FATHER { 12. Name Mc Kinney

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Mc Kinney

(b) Address 1847 East 7 St.

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

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 12-7-42 (b) M. M. Crome
(Date elected local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1847 East 7 St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1942 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from Corners 19.....; that I last saw h..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertensive myocarditis

Due to 9:30

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy see above

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) Means of injury _____

23. Signature A. J. Ethel (M. D. or other) 3

Address K.C. Mo. Date signed 12/4/42

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 *Theron A. Redmon*

Licensed Embalmer No. *2787*

P. O. Address *K. C. 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.