

FILED JAN 11 1942
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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:
Kansas City General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Months
 In this community 26 Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5804 Brooklyn Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Peter M. McDonald
 (b) If veteran, name war No
 (c) Social Security No. 493-12-9747

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 24th
 year 1942 hour 8 minute 10 P. M.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mrs. Julia A. McDonald
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased October 27 1873
 (Month) (Day) (Year)

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

8. AGE: Years 69 Months 1 Days 27 If less than one day
 hr. _____ min. 28

Immediate cause of death Acute Coronary Occlusion - Ruptured Heart
 Due to _____
 Due to _____
 Other conditions 925
 (Include pregnancy within 3 months of death)

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

10. Usual occupation Machinist

11. Industry or business Retired

12. Name John McDonald

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

14. Maiden name Unknown

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

16. (a) Informant Julia A. McDonald

(b) Address 5804 Brooklyn Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director O.W. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.

19. (a) 12-28-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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) (e) Means of injury _____
 23. Signature W. E. Washer (M. D. or other) Mo. D.
 Address 23rd ME City Date signed 12/24/42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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

Ernest C. Shikler

Licensed Embalmer No. *4234*

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.