. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1212

State File No. 139

Registration District No. FILED JAN 22 1943 149

Primary Registration District No. 1002

Registrar's No.

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: 624 Fuller /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 624 Fuller
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME HARRY WILSON MCKINLAY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 23, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	15	hr. min.

9. Birthplace Epworth (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Retired Railroad Engineer,

11. Industry or business C. M. & St. P. Railroad

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant Blanche McKinlay
(b) Address 624 Fuller

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 1-11-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1943 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Jan 8, 1943
that I last saw him alive on Jan 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurg. — Duration six yrs

Due to Chronic Nephritis

Due to General Ascites

Other conditions
(Include pregnancy within 3 months of death)

131 P

Major findings:
Of operations No
Of autopsy No

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

23. Signature [signature] (M. D. or other)

Address Waldheim Bldg Date signed 1/10-43

(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 H D Blackman

Licensed Embalmer No. 3639

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.