

FILED SEP 13 1943
Registration District No. 785

Primary Registration District No. 5580

1. PLACE OF DEATH:
(a) County R. Jasper
(b) City or town Carl Junction
(c) Name of hospital or institution Carl Junction, R. #1
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

3. (a) PRINT FULL NAME Mary E McKenna
8. (b) If veteran name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William E McKenna dec. 6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased JUNE 8 1863

8. AGE: Years 80 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace FORT SCOTT (City, town, or county) KS. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Geo. W. Howard
13. Birthplace TENN.
14. Maiden name Mary Magdalene Southard
15. Birthplace Unknown

16. (a) Informant's own signature Mrs. W. Blaine Short
(b) Address Carl Junction, Mo. R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 8 1943
(c) Place: burial or cremation Howard Cem. Mort. Co. Carl Junction

18. (a) Signature of funeral director Foney Funeral Service
(b) Address Carl Junction Mo

19. (a) Aug 8, 1943 (Date received local registrar) (b) Mrs. Lillie Ragle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carl Junction R. 1
(d) Street No. Rural
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1943 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 3 to Aug 4 1943
that I last saw her alive on Aug 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to hypertension

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 O. L. Albert (Date signed) Aug 5 1943
Address Carl Junction Mo

PHYSICIAN
Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42-8-697

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... *F. M. Jones*
Licensed Embalmer No. *2319*
P. O. Address *Joplin 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, above space should be left blank.