

FILED JAN 19 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5659

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:
General Hospital No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12-21-43-12-28-43
22 years (Specify whether
 In this community _____
 years, months or days)

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. 2531 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS MCKAY
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 28
 year 1943 hour 3:45 minute P. M.
 21. I hereby certify that I attended the deceased from December
21, 1943 to December 28, 1943
 that I last saw him im alive on December 28, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Advanced Pulmonary Tbc. Duration _____

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 16 1921
 (Month) (Day) (Year)

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
22 7 12 hr. min.
 9. Birthplace Kansas City Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Unemployed

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 _____

MOTHER FATHER

11. Industry or business _____
 12. Name John C. McKay
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Cora Bell Wilson
 (City, town, or county) (State or foreign country)
 15. Birthplace Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2
 17. (a) removal (b) Date thereof 12/31/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Grove, North Lawrence, Kans.
Starkins Bros. KS.
 18. (a) Signature of funeral director _____
 (b) Address 1729 Lytle
Dec 31, 1943 (c) J. E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature B. Turner (M. D. or other) _____
 Address La. Hwy. #2 600 E 22nd Date signed 2/24/43

WHITE PAPER - 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.....

D.J. Marlowe

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.