

FILED MAR 6 1944

Registration District No.

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: Northeast Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 20 years

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. 346 N. Hardesty
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JERRY MCKENNA

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnalou 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. 26 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Grocer

11. Industry or business Self

12. Name Edmund McKenna

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

14. Maiden name Mildred Bostech

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

16. (a) Informant Hazel Caldwell

(b) Address Bosworth, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/44
(Month) (Day) (Year)

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

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 2-22-44 (b) D. E. Brown
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from Feb. 14, 1944, to Feb. 21, 1944
that I last saw him alive on Feb. 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Chronic Nephritis

Due to Toxemia and hypertrophied prostate 4 yrs. approx.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1318

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) (c) Means of injury 2

23. Signature J. J. Giesick (M. D. or other) Do.
Address 5909 St. John Date signed 2/23/44

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. P. Rank

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. S. 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.