

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 6 1944
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 844

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:
1214 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 33 years
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. 1214 Penn
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Cody McKim

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased August 22, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 16
1944 to Feb 18, 1944
that I last saw him alive on Feb 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Duration 4 days

8. AGE: Years Months Days If less than one day

64 5 26 hr. min.

Due to _____

Due to _____

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

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

10. Usual occupation Laborer

11. Industry or business Construction

12. Name David R McKim

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

14. Maiden name Paris Cody

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 108

16. (a) Informant Mrs. Josephine Johnson

(b) Address 1214 Penn St

17. (a) removal (b) Date thereof Feb. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Main St

19. (a) 2-21-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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 fall

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

Address 708 W 17th St Date signed 2/19/44

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 Park Y. Raive

Licensed Embalmer No. 7347

P. O. Address H. C. No.

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.