

FILED MAY 25 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2122

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:
6029 Rockhill Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether)
In this community 20 years, (Specify whether)
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. 6029 Rockhill Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME William C. McNaughton
3. (b) If veteran, name war no
3. (c) Social Security No. 487-026159

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14th,
year 1944 hour 7:58 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h Deputy Coroner
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred A. McNaughton
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased July 14 1893
(Month) (Day) (Year)

Immediate cause of death Gunshot wound of head
Due to 16 ft
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
50 10 0 hr. min.

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

10. Usual occupation Clerk

11. Industry or business X

MOTHER FATHER { 12. Name William McNaughton
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Campbell
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 Inspection & history

16. (a) Informant Mrs. Mildred A. McNaughton,
(b) Address 6029 Rockhill Road, K. C., Mo.
17. (a) Burial (b) Date thereof 5-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
Stine & McClure,

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence May 17, 1944
(c) Where did injury occur? Kansas City, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-16-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) Means of injury Gunshot
23. Signature D. E. Brown 3 (M. D. or Registrar)
25 McCoy Date signed 5/15/44

NOV 28 1946

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 E. M. Plank
Licensed Embalmer No. 1848
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.