

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:
Ma Duncan's Inn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
(Specify whether
 In this community 50 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. 3120 E. 9th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME JAMES ELMORE McELHINNY
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 23. DATE OF DEATH: Month June day 6
 year 1944 hour 8 minute 11 A.M.
 21. I hereby certify that I attended the deceased from April 1
44, 1944, to June 5, 1944
 that I last saw him alive on June 5, 1944
 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 Widower
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased Nov. 29, 1856
(Month) (Day) (Year)

Immediate cause of death Myocardial
 Duration 10 Days
 Due to Insufficiency of age
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93021

8. AGE: Years Months Days If less than one day
87 6 7 hr. min.

9. Birthplace Meigs County Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Custodian - Retired

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Independence Blvd., C. C.
MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James B. McElhinny
 (b) Address 4118 Montgall
 17. (a) Burial (b) Date thereof June 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

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) _____
 (e) Means of injury _____

18. (a) Signature of funeral director C. H. Blackman & Son
 (b) Address Kansas City, Mo.
 19. (a) 6-9-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature P. L. Brown (M. D. or other) _____
 Address 5242 Date signed 6/8-44

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

2
43
39
37823

Dr. H. C. Long
2:30 pm
Tulsa

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. D. Blackburn

Licensed Embalmer No. 3639

P. O. Address R. 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.