

Registration District No. **149** Primary Registration District No. **1002**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **28 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **523 Grand Ave.**
(If rural, give location)
(e) Citizen of foreign country? **7** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Charles McKay**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **21**
year **1944** hour **2** minute **50 P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
(b) Name of husband or wife
(c) Age of husband or wife if alive **years**

21. I hereby certify that I attended the deceased from **Dec. 13 44** to **Dec. 21 44**
that I last saw him alive on **Dec. 21 1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **Bronchopneumonia** Duration

7. Birth date of deceased **1 16 1867**
(Month) (Day) (Year)
8. AGE: Years **77** Months **1** Days **5**
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **107**

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Railroad Laborer**
11. Industry or business **Retired**

Major findings:
Of operations
Of autopsy **See above**

MOTHER FATHER { 12. Name **Benjamin McKay**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Frank E. McKay**
(b) Address **3210 Independence Ave.**
17. (a) **Burial** (b) Date thereof **12-23-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn**
18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **Kansas City**
19. (a) **12-23-44** (b) **D. 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
23. Signature **A. E. Washer** (M. D. or D.O.)
Address **Med. Dir. Gen'l Hosp.** (M. D. or D.O.)
Date signed **12-22-44**

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 Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Keene

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.