

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 W-1 X33627

5239

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 7 1945  
 Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 820

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:  
1904 Linwood Blvd. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Dont. Know  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City ?  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1904 Linwood Blvd. 1/8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Rena E. McKinney  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 486-03-0576

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 16th day Feb.  
 year 1945 hour 6<sup>10</sup> minute 0 M.

4. Sex Female 1 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 5th 1878  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
 Due to arterial sclerosis

8. AGE: Years Months Days If less than one day  
66 2 11 hr. min.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 94A

9. Birthplace Indiana 1  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 12. Name William H. McKinney  
 13. Birthplace Newburg Indiana 1  
(City, town, or county) (State or foreign country)  
 14. Maiden name Laura Palmer  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations Histology & Inspection  
 Of autopsy not  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer E. Freeman  
 (b) Address 104 West 42nd Street  
 17. (a) Removal (b) Date thereof Feb. 19, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Geneseo, Ill.

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)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address Kansas City, Missouri  
 19. (a) 2-19-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature James Walker (M. D. or other) Coroner  
 Address 1424 P. Jefferson Bldg. Date signed 2-16-45

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.....

*Joseph R. Hunt*, Registered Apprentice No. *369*  
working under my personal supervision.

Signed *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.