

FILED APR 18 1948
Registration District No.

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: 3240 Norledge, Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)
In this community 20 Years

3. (a) PRINT FULL NAME Jennie B. McKinney

3. (b) If veteran, name war No
3. (c) Social Security No None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William B. McKinney
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 7 (Month) 3 (Day) 1860 (Year)

8. AGE: Years 85 Months 8 Days 22
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name David Dickey
13. Birthplace Maine
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Brown
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Holliday
(b) Address 4513 South Benton

17. (a) Burial (b) Date thereof 3-27-1946
(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 Missouri

19. (a) 3-27-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 4513 South Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 25th, year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 15 to March 25, 1946
that I last saw her alive on March 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Duration few hours
Years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830
Of autopsy
Underline the cause to which death should be charged statistically.

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 J. W. Haeberling (M. D. or other)
Address 231 W. 47th, K.C., Mo. Date signed 3/26/46

Dr. Halberg *Plaza Theatre Bldg. Room 286

Phone We 3632

1 to 5 P.M. Tuesday

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.....

Licensed Embalmer No. 2570

P. O. Address.....

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.