

S. No. 2
M-543
7-5-17-39
P I X36671

FILED APR 29 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Weeks**
In this community **50 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. **3322 East 14th. Street**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Robley Hawthorn McNary**
3. (b) If veteran, name war. **No** **3. (c) Social Security No.** **None**
4. Sex. **Male** **5. Color or race.** **White** **6. (a) Single, widowed, married, divorced.** **Married**
6. (b) Name of husband or wife. **Mary E. McNary** **6. (c) Age of husband or wife if alive.** **70** years
7. Birth date of deceased. **9 3 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **16** year **1946** hour **3** minute **06** A.M.
21. I hereby certify that I attended the deceased from **4/10**, 19**46**, to **4/16**, 19**46**
that I last saw him alive on **4/15/46** and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **7** Days **13** If less than one day hr. min.

Immediate cause of death: **Uremia**
Due to **Chronic Nephritis**
Due to **Cardio Renal Syndrome**
Other conditions: **—**
(Include pregnancy within 3 months of death)

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired, Morledge Fish and Oyster Co.**

Major findings: **131a**
Of operations: **—**
Of autopsy: **as above**
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business **and Oyster Co.**
12. Name **Robert McNary**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Deborah Hawthorn** (City, town, or county) (State or foreign country)
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. William P. McNary**
(b) Address **5521 East 24th. Street**
17. (a) Burial **(b) Date thereof** **4-19-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. St. Marys**

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? **—**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **Kansas City, Missouri**
19. (a) 4-17-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? **5** (Specify type of place) (d) Means of injury **5**
23. Signature **James P. [Signature]** (M. D. or other)
Address **814 Porter Bldg** **Date signed** **4/16/46**

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

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.

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