

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED JUL 2 1946

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

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2752

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:  
1401 Troost Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 20yrs,

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No 1401 Troost  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nathaniel McNealy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife Mary McNealy

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Mar. 25 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>2</u>	<u>24</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1946 hour 3 minute 30 P. M.

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

Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to Pulmonary Hemorrhage

Due to Hypertensive Heart Disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No Permit

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis Mc Nealy

13. Birthplace Gloster Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Haynes

15. Birthplace Gloster Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Woods

(b) Address 1619 E. 14th St. Apt 11

17. (a) Burial (b) Date thereof 6-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Wilkins Bros

(b) Address 1229 Lyden

19. (a) 6-20-46 (b) Arvaldine Holmes  
(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 Phillips (M. D. or other) \_\_\_\_\_

Address 2636 Brooklyn Date signed 6-20-46

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

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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.....

*Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**