

No. 2
5-43
5-17-39
1 X36671

FILED AUG 9 1946
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On street 2310 Forest 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 Forest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dee Felix McKittrick
3. (b) If veteran, name war no 3. (c) Social Security No. 495-10-6357

4. Sex m 5. Color or race Col
6. (a) Single, widowed, married, divorced Div 3
6. (b) Name of husband or wife Isabell McKittrick
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 1 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Denton Tex
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business _____
12. Name Jake McKittrick
13. Birthplace Ga
(City, town, or county) (State or foreign country)
14. Maiden name Lucy McKittrick
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Kenny
(b) Address 2402 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-46
(Month) (Day) (Year)

(c) Place: burial or cremation Westlawn M.C.K.
18. (a) Signature of funeral director Watkins Bros Unit
(b) Address 1729 Lyden
19. (a) 8-10-46 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1946 hour _____ minute _____ M.

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

Immediate cause of death Type 1000 heart disease
Due to _____

Due to _____
Other conditions undetermined
(Include pregnancy within 3 months of death)

Major findings: 932
Of operations _____
Of autopsy no - Permit

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) (a) Means of injury Deputy - Orme
23. Signature Steraldine Holmes (M. D. or other) Orme
Address 2636 - Brooklyne Date signed _____

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

8-9-46

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

MOTHER FATHER

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.