

S. No. 2  
 1-12-45  
 5-17-39  
 X47070

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED OCT 8 1946**  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 32477  
 Registrar's No. 121

Registration District No. 360 Primary Registration District No. 6225

1. PLACE OF DEATH:  
 (a) County Winn  
 (b) City or town Washington  
 (c) Name of hospital or institution State Hospital #3  
 (d) Length of stay: In hospital or institution 12 days  
 In this community 9 months 12 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Jackson  
 (c) City or town Kennett  
 (d) Street No. 4544 Bellevue  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JAMES NEAL McKITTRICK  
 (b) If veteran, name war ✓  
 (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 27  
 year 1946 hour 10 minute 55 A.M.  
 21. I hereby certify that I attended the deceased from 1-2 1946  
 that I last saw him alive on 9-27 1946  
 and that death occurred on the day and hour stated above.

4. Sex Male 5. Color of race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Myrtle McKittrick  
 7. Birth date of deceased: 3-9-1886  
 (Month) (Day) (Year)

Immediate cause of death Cerebral arterio-sclerotic heart disease  
 Due to arterio sclerosis  
 Due to ✓

8. AGE: Years 60 Months 6 Days 78  
 9. Birthplace Ohio  
 10. Usual occupation Bookkeeper

Other conditions ✓  
 Major findings: 93D  
 Of operations ✓  
 Of autopsy ✓

MOTHER FATHER  
 11. Industry or business Hospital records  
 12. Name Edward McKittrick  
 13. Birthplace Ill  
 14. Maiden name Edna Murray  
 15. Birthplace Ill  
 16. (a) Informant Hospital records  
 (b) Address Nevada Mo  
 17. (a) Removal (b) Date thereof Sept 27 1946  
 (c) Place: burial or cremation Nevada Mo  
 18. (a) Signature of funeral director Wayne Funeral Service  
 (b) Address Nevada Mo  
 19. (a) 9-26-46 (b) Richard Yancy  
 (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?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 23. Signature R. G. Vall  
 Address Nevada Mo

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

RECEIVED

District Officer No. 7,

District No. 9-46-1009

Date Filed 10-7-46

**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.....

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

Signed Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.**