

2-43
7-39
K35697

State File No. _____

Registrar's No. 5352

FILED DEC 31 1946

Registration District No. 149

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: M.C.T.B. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution since 2-13-46
(Specify whether

In this community 40 1/2 years
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. 813 EAST 31st STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓ 11

3. (a) PRINT FULL NAME MCCOY HERBERT J.

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20th
year 1946 hour 8:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-13 1946 to 12-20 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JANUARY 10 1881
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis Duration _____

Due to _____

Due to _____

8. AGE: Years 65 Months 11 Days 10 If less than one day 21 hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

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

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name MCCOY JOHN

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

14. Maiden name WIMMER JULIA

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

16. (a) Informant Mrs. Julia E. Ford

(b) Address 110 E. 40th St. Kansas City, Mo.

17. (a) Funeral (b) Date thereof 12/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stacy M. Holme

(b) Address Kansas City, Mo.

19. (a) 12-21-46 (b) Sheldine Holme
(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 M. B. Rosenberg (M. D. or other) _____
Address M.C.T.B. Hosp. Date signed 12-20-46

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

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 *J. Lelaie Shippard*
Licensed Embalmer No. *4179*
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.