

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12830

FILED MAY 8 1947  
Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 62

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Excelsior Springs, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 2 days  
(Specify whether years, months or days)  
In this community 1 mo. 2 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Oklahoma (b) County Latimer 999  
(c) City or town Wilburton 34  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas H. McKenna  
3. (b) If veteran, name war World War II  
3. (c) Social Security No. 441 05 9693

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 29  
year 1947 hour 5 minute 54 A.M.

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

21. I hereby certify that I attended the deceased from March 28 1947, to April 29 1947, that I last saw him alive on April 29 1947, and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 31 1907  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
39 8 29 hr. min.

Immediate cause of death: Tuberculosis, chronic, far advanced active 4 severe Unknown  
Duration

9. Birthplace: Howe Oklahoma  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Bus Driver  
11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: Same as above

MOTHER { 12. Name John Patrick McKenna  
13. Birthplace Hudson Michigan  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence M. Savage  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
16. (a) Informant Hospital Records, Veterans Administration Hospital  
(b) Address Excelsior Springs, Missouri  
17. (a) Removal (b) Date thereof 4-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Removed to: Wilburton Oklahoma  
18. (a) Signature of funeral director Virgil Hope  
HOPE FUNERAL HOME  
(b) Address Excelsior Springs, Missouri  
19. (a) 5/3/47 (b) Caroline Hutchings  
(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 Edw. P. Altomare (M. D. or other) M.D.  
Address Veterans Administration Hospital  
Excelsior Springs, Missouri signed 1/9/47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-7-41

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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: Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address: Excelsior Springs

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.