

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12742
1621
Registrar's No.

FILED APR 24 1948
Registration District No. 149

Primary Registration District No. 1002

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

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: Gen. Hosp. #2 Dead on arrival
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carolyn Jean McKinney
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased May 12, 1946
(Month) (Day) (Year)

8. AGE: Years 1 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name George McKinney
13. Birthplace Elwood, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Betty Jean Watkins
15. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Betty Jean McKinney
(b) Address 1509 Harrison

17. (a) Burial (b) Date thereof 4/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Richard Jones
(b) Address 1729 Lydia Avenue

19. (a) 4-13-48 (b) Doraldine Holmes
(Date received local Registrar) (Registrar's signature)

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. 1509 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9
year 1948 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner to Coroner, 1948
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure Duration

Due to Stagnant Thymic
Lymphatic

Due to Thymic aplasia of the
Lymphatic Structures

Other conditions 64
(Include pregnancy within 3 months of death)

Major findings: 64
Of operations

Of autopsy Same as above

Underline the cause to which death should be charged statistically.

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 Thurman Williams (M. D. or other)
Address 2636 Brooklyn Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.