

FILED DEC 11 1948

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: **St. Lukes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days** (Specify whether  
In this community **4 days** years, months or days)

3. (a) PRINT FULL NAME **Donald William McKee**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single widowed, married, divorced **child**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **November 22, 1948**  
(Month) (Day) (Year)

8. AGE: Year - Month - **4** Days 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

MOTHER FATHER { 12. Name **William Ray McKee**  
13. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ann Marie Rasmussen**  
15. Birthplace **Indianapolis Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. L. Rasmussen**  
(b) Address **425 W. 69th Ter. Kansas City**

17. (a) **removal** (b) Date thereof **11/27/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Kansas Highland Park Cemetery**

18. (a) Signature of funeral director **W. L. Rasmussen**

(b) Address **19th & Minnesota K.C. Mo.**

19. (a) **11-27-48** (b) **Alfredine Holman**  
(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. **20 West 36th**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26th**  
year **1948** hour **7** minute **07 A.M.**

21. I hereby certify that I attended the deceased from **22 Nov 1948 to 26 Nov 1948**  
that I last saw him alive on **25 Nov 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Atelectasis of 1/2 half right lung** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **1st W**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Atelectasis as above** PHYSICIAN \_\_\_\_\_

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? **X**

**Hugh G. Hamilton** (Specify type of place) \_\_\_\_\_  
While at work? (c) Means of injury \_\_\_\_\_

23. Signature **Hugh G. Hamilton** (M. D. or other) **MD**  
Address **400 Cambridge Rd., K.C. Mo.** Date signed **27 Nov 48**

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

Howard L. Porter

Registered Apprentice No.

working under my personal supervision.

Signed

Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address. 19th & Minnesota

Kansas City, Kans

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.