

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36997

FILED DEC 6 1948

State File No.

Registration District No. 246

Primary Registration District No. 3026

Registrar's No. 863

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2445 Glenwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

3. (a) PRINT FULL NAME John C. McKinney

3. (b) If veteran, name war. — 3. (c) Social Security No. 499-07-4173

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Malinda McKinney 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 21 - 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired Plasterer

11. Industry or business Palace Corp.

12. Name James M. McKinney

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

14. Maiden name Sadie M. McCormick

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

16. (a) Informant Mrs Agnes M. McKinney

(b) Address 2445 Glenwood

17. (a) Removal (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stillwell Kansas

18. (a) Signature of funeral director William L. Hopley

(b) Address Independence Mo

19. (a) 11-28-48 (b) Removal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 2445 Glenwood
(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 26 year 1948 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 1944 to Nov 25 1948
that I last saw him alive on Nov 25 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Carcinoma Lung Left 6 cm
Due to —
Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 47 P

Of autopsy —

Duration

PHYSICIAN

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 Richard C. Sheppard (M.D. or other)

Address 1004 1/2 W. Main Date signed 1/27/49

FEB 10 1949

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.....

Clarence C. Gierke Jr......, Registered Apprentice No. *230*
working under my personal supervision.

Signed.....*Dillon L. Kepsley*.....

Licensed Embalmer No. *4225*

P. O. Address *Indep. 20*

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.