S. No. 300
v. 10.48

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20337

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2536

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity-Luthern

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton ~~St Louis~~ 4452
d. STREET ADDRESS (If rural, give location): 19 N. Lee Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Ross
b. (Middle): Z
c. (Last): McKinley

4. DATE OF DEATH (Month) June (Day) 5/4/ (Year) 1950

5. SEX: Male 6
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 6-1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR Months ~~8~~ Days ~~28~~ — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturers Agent
10b. KIND OF BUSINESS OR INDUSTRY: Shoe and Accessory
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY?: US.

13a. FATHER'S NAME: Charles C. McKinley
13b. MOTHER'S MAIDEN NAME: Lutecia Brittin
14. NAME OF HUSBAND OR WIFE: Ruth Jenkins McKinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES ~~No~~ (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Kathryn McKinley — ADDRESS: Liberty, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Hypertrophy + Dilatation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Calcific Disease of the
DUE TO (c) Aortic Valve (Stenosis)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4211

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pathologist, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Jack H. Hill (Degree or title) M.D.
23b. ADDRESS: 3001 Wyandotte St. KC 8, Mo
23c. DATE SIGNED: 6 June 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: June 4-50
24c. NAME OF CEMETERY OR CREMATORY: Newcomers Crematory
24d. LOCATION (City, town, or county) (State): Kansas City, Mo

DATE REC'D BY LOCAL REG.: 6-7-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Church-Archer Co. — ADDRESS: Liberty Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1951

JUN 14 1950

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Harold G. Smith

Licensed Embalmer No. 4575

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.

State of Missouri
County of Clay } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 20337
Local Registrar's No. 2536

On this 2nd day of Oct, 1950 before me appears Kathryn McKinley, who, upon her oath, states that the original record of birth/death for Ross McKinley, died June 4, 1950, in the State of Missouri, and which was filed at Jefferson City on June 23, 1950, should be corrected as follows:

Item No. 3 should read June 5
Instead of June 4

Item No. 15 should read yes
Instead of no

W. W. One
—

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kathryn McKinley - sister
Relationship.

429 West Franklin Liberty Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of October, 1950

My Commission expires My Commission Expires July 30, 1952 Helen K. Duncan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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