

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23846

Registrar's No. 3110

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3110	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2				e. STREET ADDRESS (If rural, give location) 32 2111 Highland			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle)		c. (Last) McNack	
4. DATE OF DEATH July 16, 1956		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 4, 1910		9. AGE (In years last birthday) 46 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Checotah, Oklahoma	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Brunns Construction		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Austin McNack	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara McNack		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Young or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-05-4809	
17. INFORMANT'S SIGNATURE OR NAME Clara McNack, wife		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Post operative laparotomy for release of peritoneal adhesions and intestinal obstruction. *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (a-m-o) no previous surgery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion and edema		19. INTERVAL BETWEEN ONSET AND DEATH 5705			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 7-8-56 , 19 56 , to 7-16-56 , 19 56 , that I last saw the deceased alive on 7-16-56 , 19 56 , and that death occurred at 8:55 P.m. , from the causes and on the date stated above.		23a. SIGNATURE W.R. Peterson MD		23b. ADDRESS 600 East 22nd St.	
23c. DATE SIGNED 7-18-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/56		24c. NAME OF CEMETERY OR CREMATORY Lincoln	
24d. LOCATION (City, town, or county) (State) Kans. City, Missouri		DATE REC'D BY LOCAL REG. 7-18-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home 18th & Benton	

(Licensed Embalmer's Statement on Reverse Side)

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

MS SEP 13 1964

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.....
Signature of Student Embalmer

Signed - *Bruce R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Bea*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.