

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4359 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 18 yrs.	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6107 ROCKHILL RD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6107 ROCKHILL ROAD
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARGARET First (NONE) Middle KINGHORN Last			4. DATE OF DEATH SEPTEMBER 8, 1959 Month 5 Day Year		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jul. 17, 1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Scotland	11. BIRTHPLACE (City and state or country) Scotland	12. CITIZEN OF WHAT COUNTRY Scotland	
13a. FATHER'S NAME Alexander Malcolm		13b. MOTHER'S MAIDEN NAME Margaret Day		14. NAME OF HUSBAND OR WIFE JAMES KINGHORN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Arthur Kinghorn 4350 Rockhill Rd., Address	

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Staphylococcal Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 36 hr 4 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Demolition Crew			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Possible Hodgkins - Splenomeg.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>1949</u> to <u>58 yf's</u> and last saw her <u>live on 58 yf's</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Robert M. Myers M.D.		22b. ADDRESS 1025 Quate Bldg		22c. DATE SIGNED 5 8 yf '59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT 8, 1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM	23d. LOCATION (City, town, or county) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.		25. DATE RECD. BY LOCAL REG. 9-8-59	26. REGISTRAR'S SIGNATURE Steve Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Robert M. Myers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. J. Nelson*

Licensed Embalmer No. 4421

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.