PLED VC PLANT Primary Registration District No. Place Plant				/ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH							-61-001508			
a. COUNTY Jackson b. CITY (If outside corporate limit, give TOWNSHIP only) b. CITY (If outside corporate limit, give ToWNSHIP only) c. CITY (If outside corporate limit, give IowNSHIP only) c. CITY (If outside corporate limit, give IowNSHIP only) c. CITY (If outside corporate limit, give IowNSHIP only) c. CITY (If outside, give Iocation) North India Limit c. CITY (If outside, give Iocation) North India Limit c. HOLL NAME OF (If NOT in happiral, give Iocation) North India Limit North India Limit North India Limit ADDRESS 1243 W. 63rd St. Ves. No. 1243 W. 63rd St. Ves. No. North India Limit North India North	AMEND	ED .	F E	Bistra & h Bestrift No	149	Primary R	egistration Di	strict No. / O C	Registrar's	No28	2 si	TATE FILE NU	IMBER	
Death Comparison Comparis	2	- 	I —	I. PLACE OF DEATH	ckson									
MOSETIAL OF INCHINATION 1243 W. 63rd Ves No 1243 W. 63rd St. Ves No	אוויו אוויו			b. CITY (If outside corp OR TOWN Kans	porate limits, give		inly) Le	Life	OR TOWN		•		Yes X XN	
S. NAME OF DECASED First Middle Last 4. DATE Month Day Yee DOTALH STANDER The property of the property o	. 1			MOCDITAL OR		-			ADDRESS	1243 W	outside, give to 7. 63rd	St.		
S. SEX 6. COLOR OR RACE 7. Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER Maile Mile Widowed Diversed Jan. 16, 1893 67 Months Days Mon						dwa <u>rd</u>	Mid			OF DEATH	Jan	15	. 1	
during mont of weaking life, eyen if retired) Sales TEXECUTIVE Champion Spark Plag Kansas City Mg U.S. A. 13b. MOTHER'S MAIDEN NAME Samuel McKinney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unknown) (If yes, give war or dates of service) W. W. W. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BY: Conditions, if any, which gave rise to above cause (a), staining the under-lying cause (as), staining the under-lying cause (as). Isting the under-lying cause (as). IP PART II. O'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last of disease condition given in PART I (a) IP WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of liem 18.) YES NOT 20c. TIME OF Hour Month, Day, Year 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STAMM HERE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STAMM HERE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STAMM HERE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STAMM HERE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STAMM HERE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STAMM HERE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION STAM him alive on 12 and 12				Male	White	, v	Widowed 🔲	Divorced [an. 16,	1893	67 (FU)	ths Days	Hours	
Samuel McKinney 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 278-01-9402 Josephine McKinney, 1243 W. 63rd, K. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to stating the underlying cause lists. Due to (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal flat there a pregnancy in less the stating the underlying cause lists. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal flat flat work in part of the part in of			ł	Sales Exe		ired)	ampio	n Spark F	Pilio Ka	-	· · · · · · · · · · · · · · · · · · ·	TT C'A	•	
Second S			S 15	Samuel Mcil	IN U.S. ARMED F		Ma	thilda Cr	ane	Jos	ephine l	McKin		
Conditions, if any, which gave rise to above cause (a). Stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last there are pregnancy in last the pregnancy in last the pregnancy in last there are pregnancy in last the pregnancy in la		-	(Y	W. W. 1	(Enter only one co	ause per line f	278-L		Josephi	ne McKinr	iey, 124	IN	ITERVAL BETY	
which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 per or last 90			A 1	FARI II	DEWILL MANS CHI	ע זוט שפנע	2 .			a 1 17	-	10	W2EI WUN N	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 per	5	l S			IMMEDIATE C	:AUSE (a)	<u>forcio</u>	roma, s	netsold	i to se	ver		<u>5 ins</u>	
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED DAY, Year DAY,		DOCUM		which ga above co stating th	ns, if any, Di ove rise to lause (a), he under-	UE TO (b)	<u>Corcis</u> Brons	roma, s Cogenic.	corcins	in to Si	inon		2 yeu	
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STA ON OF THE PROPERTY		DOCUM	ICATION	which ga above co stating th Lying ca	ns, if any, positive rise to acuse (a), he under- tose last. D	UE TO (b)	Broves	Logenic.	carein	ma, pr	th.	ere a pregna	incy in last 9	
WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from 12, 1960, to 22, 1966 and last saw her him alive on 2, 1966		DOCUM		which gas above constaining it lying can PART II. 19. WAS AUTOPSY PERFORMED? YES NO.	ns, if any, post rise to ause (a), he under- ruse last. D OTHER SIGNIFI disease condition	DUE TO (c) CANT CONDIT n given in PAR SUICIDE H	OMICIDE		COLCINA	to the terminal		Yes	No U	
		DOCUM		which gas above constating the lying can part II. 19. WAS AUTOPSY PERFORMED? YES NOTSY 20c. TIME OF Hout INJURY a.m. 20d. INJURY OCCURRED	ns, if any, very rise to ause (a), he under- nuse last. D OTHER SIGNIFI disease condition Month, Day, 1	OUE TO (c) CANT CONDITOR given in PAR SUICIDE HO	OMICIDE	20b. DESCRIBE HO	ATH but not related	to the terminal	thinjury in PART	Yes I	No U	
		DOCUM	88 MEDICAL	which gas above control of the contr	Month, Day, 1	OUE TO (c) CANT CONDITOR given in PAR SUICIDE HO	OMICIDE	20b. DESCRIBE HO	OW INJURY OCCUR	TRED. (Enter nature of	thingury in PART	Yes I or PART II	No U	
		OF	leid Jones MEDICAL	which gare above control of the property of th	Month, Day, 1 Diagram of from	OUE TO (b) CANT CONDIT In given in PAR SUICIDE Hi Year PLACE OF IN farm, factory (Degree or	OMICIDE OVJURY (e.g., i , street, office 7 sitte)	20b. DESCRIBE HO	20f. CITY, TOWN, an 15/94 the date stated above 22b. ADDRESS 4 ((OR LOCATION And last saw her al	CO ive on	ere e pregnar Yes	No United the state of the stat	
REMOVAL (Specify) Burial 1-17-61 Elmwood Kansas City, Missouri Z5. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Stine & McClure, Kansas City, Missouri		AVIT OF	T. Reid Jones Medical	which gas above control of the property of the	Month, Day, 1 Days of from 20e. 20e. 20e. 20e. 20e. 20e. 20e. 20e.	OUE TO (b) CANT CONDITION OF THE PART OF	OMICIDE NJURY (e.g., i , street, office 1 title) L. A. 23c. NAME OI Elm	20b. DESCRIBE HO	20f. CITY, TOWN, the date stated above 22b. ADDRESS 4 C (REMATORY	OR LOCATION And last saw her alive, and to the best or 23d. LOCATION (Kansas	the injury in PART CO ive on	ere e pregnar Yes	No Unit of item 18.) ST/ ST/ auses stated. (Stafe)	

•	
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.	Signed William M. Jarrel
Student	
Signature of Student Embalmer	Licensed Embalmer No.
•	Licensed Embaimer No.

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.