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FILED DEC 14 1948

Registration District No. 149

Primary Registration District No. 1802

State File No. \_\_\_\_\_

Registrar's No. 4965

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2462 Brooklyn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 Years  
years, months or days)

3. (a) PRINT FULL NAME Allen Hurley McNair

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma McNair 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased October 28, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 4 hr. min.

9. Birthplace Marshall Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nelson McNair  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma McNair

(b) Address 2462 Brooklyn

17. (a) Burial (b) Date thereof 12/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Broad

(b) Address 1729 Lydia Avenue

19. (a) 12-4-48 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2462 Brooklyn 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2  
year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
Deputy Coroner  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration \_\_\_\_\_  
Due to Hypertensive Heart Disease  
Due to \_\_\_\_\_ 1 1/2 hrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 932

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No - Permit 11/2 hrs  
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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature J. R. Williams  
Address 2636 - Brooklyn Date signed \_\_\_\_\_  
(M. D. or other)

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

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Dwight Riley* .....

Licensed Embalmer No..... *4500* .....

P. O. Address..... *2506 Bentons Blvd* .....

**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.**