

FILED DEC 29 1942

Registration District No. 1726

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 Mi. E. of Indep Mo. on Peck Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 710
(Specify whether years, months or days)
In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kennett City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT WILLIAM MCNAUGHTON
FULL NAME

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 6, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Meat Inspector

11. Industry or business U.S. Gov't

12. Name Wm. McNaughton
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Watt

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Ida McNughton
(b) Address Route 3, Indep. Mo.

17. (a) Removal (b) Date thereof Nov. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Grove Cem. K. C. Mo.

(c) Place: burial or cremation C. H. Blackman & Son, Inc.

18. (a) Signature of funeral director James W. Ross
(b) Address Kansas City, Mo.

19. (a) 11-19-1942 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov. day 17
year 1942 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 22, 1942 to Nov 17, 1942
that I last saw him alive on Oct 22 and that death occurred on the date and hour stated above.

Immediate cause of death Large tumor of the neck
Due to Probably thyroid gland origin (malignant)
Due to 550

Duration rapid growth 1 yr.

Other conditions 550
(Include pregnancy within 3 months of death)

Major findings: Of operations 550
Of autopsy 550

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? _____

(Specify type of place) While at work? _____
(e) Signature John A. ... M.D.
(f) Address Independence, Mo. Date signed 11-19-42

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

48
000

no. 1

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.....

H. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

A. C. Mo

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.