

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37075
4691
Registrar's No.

FILED NOV 20 1946
Registration District No. 1779

Primary Registration District No. 1002

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

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 1 hr. (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County 909
(c) City or town Los Angeles (If outside city or town limits, write "RURAL") 7
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Leland McKinsey
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 8
year 1946 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov. 7 1946 to Nov. 8 1946
that I last saw h. im alive on Nov. 8 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar. 2 1898
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Duration _____

8. AGE: Years 48 Months 8 9 Days 6
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name Louie McKinsey
13. Birthplace Calif. (City, town, or county) (State or foreign country)
14. Maiden name Alice Wiley
15. Birthplace Calif. (City, town, or county) (State or foreign country)

Major findings: 9/4
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1

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? _____

17. (a) Removal (b) Date thereof 11-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salinas, Calif.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 11-8-46

19. (a) 11-8-46 (b) Geraldine Helmer
(Date received local registrar) (Registrar's signature)

Dr. Rosenberg

OCT 28 1947

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..... *Blaine E. Walcott*
Licensed Embalmer No..... *4075*
P. O. Address..... *K.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.