

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13311

STATE FILE NUMBER

1649

FILED APR 25 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Health, Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John F. Mc Donnell

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Kansas City, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>868 Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>St. Luke's Hosp</u>			Length of stay in 1b <u>15 YEARS</u>		d. STREET ADDRESS (If outside, give location) <u>608 East 70th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Kenneth J.</u> Middle <u>MUNRO</u> Last <u>MUNRO</u>				4. DATE OF DEATH Month <u>4</u> Day <u>9</u> Year <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 31, 1904</u>		9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee of U. S. Dept. of Agricultural</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>SEATTLE, WASHINGTON</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>JAMES T. MUNRO</u>				14. MOTHER'S MAIDEN NAME <u>CARRIE DEBOLT</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>515-16-0867</u>		17. INFORMANT <u>MRS. FRANCES MUNRO</u>			Address <u>608 E. 70th</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous widespread due to</u> <u>Carcinoma of colon.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>15 d</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
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>1 MARCH 1957</u> to <u>8 APRIL 1957</u> and last saw <sup>them</sup> <del>him</del> alive on <u>8 APRIL 1957</u> . Death occurred at <u>10:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>John F. McDonnell, M.D.</u> (Degree or title)				22b. ADDRESS <u>315 Nichols Road</u> <u>KANSAS CITY MISSOURI</u>			22c. DATE SIGNED <u>8 APR 57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4/10/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dick Hill Cemetery Lawrence</u>		23d. LOCATION (City, town, or county) (State) <u>K.S.</u>			
24. FUNERAL DIRECTOR <u>Steele &amp; McClure Co</u>			ADDRESS <u>K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-9-57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		

(Licensed Embalmer's Statement on Reverse Side)



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 ..... Student Embalmer No. .... working under my personal supervision.:

Student .....  
Signature of Student Embalmer

Signed *A. S. Walters* .....

Licensed Embalmer No. *274*

P. O. Address *R. C. M.*

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.