REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39758
Do not use this space.

1. PLACE OF DEATH
(a) County Maries — Registration District No. 541
(b) Township Jefferson — Primary Registration District No. 5131 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Edith M. McKinney
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1913
7. AGE: Years 25 — Months 3 — Days 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Paydown (STATE OR COUNTRY) Mo.

FATHER
13. NAME Louis M. McKinney
14. BIRTHPLACE (CITY OR TOWN) Bay (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Clara Mahaney
16. BIRTHPLACE (CITY OR TOWN) Owensville (STATE OR COUNTRY) Mo.

17. INFORMANT R. C. McKinney (ADDRESS) Rolla, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE Nov. 6, 1938
19. FUNERAL DIRECTOR S. G. Licklider (ADDRESS) Belle, Mo.
20. FILED Dec 10 1938 Lenora Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Nov 4, 1938. I last saw her alive on Nov 3 — 1938. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937

Other contributory causes of importance: 23

Name of operation — Date of
What test confirmed diagnosis? Laboratory — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wallace H. Brewer, M. D.
(Address) St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer 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.)