

DEC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43117
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. 984
 (c) City SPRINGFIELD (d) Street No. Met Hotel 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 Homer B. McKinney
 (a) Residence, No. Strafford, Mo. St. Strafford Mo
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inez Moffitt McKinney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1889
 7. AGE YEARS 51 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Springfield (STATE OR COUNTRY) Missouri

13. NAME James B. McKinney
 14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Emma Cooper
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Inez Moffitt McKinney (ADDRESS) Strafford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Dec 21 1938

19. FUNERAL DIRECTOR (NAME) Herman Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED Dec 21, 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19th 38
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him dead alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 1a m.
 The principal cause of death and related causes of importance were as follows:

Acute alcoholism

Date of onset

Other contributory causes of importance:
overdose of nembutal

Name of operation none Date of _____
 What test confirmed diagnosis? "Finding 5" Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Dec 19, 1938
 Where did injury occur? Met Hotel Springfield Mo (Specify city or town, county, or State)
 Specify whether injury occurred in industry, in home, or in public place In metropolitan Hotel
 Manner of injury overdose of nembutal
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) J. P. Ferguson Coroner

(Address) 204 E. 1st

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

Walter E. Hamilton

Licensed Embalmer No.

3818

P. O. Address

Springfield 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, above space should be left blank.