

REC'D MAY 18 1939

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

14570
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton Registration District No. 175
(b) Township Musselshell Primary Registration District No. 5250
(c) City (d) Street No. Registered No. 19
(e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vesta Ann McKane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1853
7. AGE YEARS 83 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allen Co Ill
13. NAME Thomas McKane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Nancy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Simon Lane Mendon Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Apr 7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James McLaughlin Marceline Mo
20. FILED 4/6 1939 Fulton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1939
22. I HEREBY CERTIFY, That I attended deceased from 9 am to 10 am 1939
I first saw h. alive on Apr 3 1939 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
He was brought to my office by two attendants in poor condition. He was suffering from
Other contributory causes of importance:
senile dementia. This is the only diag. I was able to make (none)
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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
so, specify (Signed) W. H. Williams, M. D.
(Address) Keokuk Mo

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.

STATEMENT TO BE MADE BY THE EMBALMER
WHEN THE BODY IS TO BE EMBALMED
IN THIS STATE

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6/3/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Question 22. I saw this patient
only once, April 3, 1939.

.....

Principal cause of death.

He was brought to my office by
two attendants in a moribund condi-
tion. He was suffering from Senile
Dementia. This is the only diag-
nosis I was able to make.

He typed this part to make
it easier to read..

Dr. L. H. Hawkins
Local Registrar

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