

49
OCT 22 1939

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

32708

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township JOPLIN Primary Registration District No. 5561.00
(c) City Joplin (d) Street No. Oakland Registered No. 77
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Edgar Lee McKimney St. 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 Dona McKINNEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1901

7. AGE YEARS 38 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Division -
9. Industry or business in which work was done, as saw mill, bank, etc. Mgr.
10. Date deceased last worked in this occupation (month and year) May 1939 11. Total time (years and months) in this occupation 20 yrs.

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

FATHER 13. NAME John McKimney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Missouri

MOTHER 15. MAIDEN NAME Mary Ella Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Mrs. Dona McKimney

18. BURIAL, CREMATION, OR REMOVAL PLACE Conway Mo. DATE 9/8 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home

20. FILED SEPT. 7. 39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6 39

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939, to Sept 6, 1939

I last saw him alive on 9/5 39 Death is said to have occurred on the date stated above, at 12 P

The principal cause of death and related causes of importance were as follows:

Anginal Pectoris

Other contributory causes of importance:

Name of operation Clinical Date of 9/6 39

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) B. A. Dunsen M. D.

(Address) Rich City, Mo

RECEIVED

Disposal Officer No. 6,

Date Filed 1039-1942

OCT 6 1939

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. 95-9

P. O. Address Opelika Ala

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.