

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

37418
Do not use this space.

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 852
 (b) Township Pole Primary Registration District No. 6120
 (c) City Sullivan (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 George Washington McKinstry
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabel McKinstry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co, Missouri
 FATHER 13. NAME David McKinstry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 MOTHER 15. MAIDEN NAME Mary Louder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 17. INFORMANT (ADDRESS) Mrs. J. W. McKinstry
Milant, Mo
 18. BURIAL, CREMATION, OR REMOVAL Schrock Cem Milant, Mo DATE Oct 15, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Schoene
Milant, Mo
 20. FILED Nov 1 1939 Cleo Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1939 to Oct 13 1939
 I last saw him alive on Oct 11 1939. Death is said to have occurred on the date stated above, at 12:20 m.
 The principal cause of death and related causes of importance were as follows:
chron. Endocarditis & myocarditis
 Date of onset _____
 Other contributory causes of importance: 92k
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. S. Montgomery M. D.
Milant, Mo. (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1920

Date Filed NOV 14 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,

Frank D. Schoen

or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank D. Schoen

Licensed Embalmer No. 12916

P. O. Address Milan, Ill.

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.