

JAN 11 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

42809
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN
(b) Township BUCHANAN
(c) City ST. JOSEPH

Registration District No. 85

Primary Registration District No. 1001

Registered No. 1287

(d) Street No. ST. JOSEPH HOSPITAL 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 2 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 AVERY EARL MCKINNEY

(a) Residence, No. 5546 So. 2nd 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 M 4. COLOR OR RACE W 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) March 14, 1936

7. AGE YEARS 3 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Tarkio, Mo. (STATE OR COUNTRY)

13. NAME William Earl McKinney

14. BIRTHPLACE (CITY OR TOWN) Living, Neb. (STATE OR COUNTRY)

15. MAIDEN NAME Florence Jones

16. BIRTHPLACE (CITY OR TOWN) Tarkio, Mo. (STATE OR COUNTRY)

17. INFORMANT William Earl McKinney (ADDRESS) 5546 So. 2nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Mo. DATE 12/15/39

19. FUNERAL DIRECTOR (NAME) John E. Rupp (ADDRESS) 6054 Rupp

20. FILED Dec 14 1939 W. J. Neelbush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 39 to Dec 12 39

I last saw him alive on Dec 12 39 Death is said

to have occurred on the date stated above, at 7:53 PM

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

Acute appendicitis Date of onset Dec 8-39

Other contributory causes of importance: 121

Name of operation Abdominal Transverse Date of Dec 12 39

What test confirmed diagnosis? Colonoscopy 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?

If so, specify (Signed) John E. Rupp M. D.

(Address) St. Joseph, 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 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.....

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph

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.