

FILED FEB 12 1940

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

2205
Do not use this space.

1. PLACE OF DEATH
(a) County Carter Registration District No. 255
(b) Township Coefax Primary Registration District No. 5356
(c) City _____ (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME John McKinley
(a) Residence, No. Riddle Mo 83 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 married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1889
7. AGE YEARS 50 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, book keeper, etc. Farmer
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) 21st 1939 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardensburg Indiana
13. NAME William McKinley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
15. MAIDEN NAME Fancy Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT (ADDRESS) J. C. Scott Cameron Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Riddle Mo DATE Jan 26 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Tamm Riddle Mo
20. FILED Jan 20 1940 J. Wilson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1940
22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
Last seen alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Otitis
1074
Other contributory causes of importance: Senility
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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) Frederick Wilson, M. D.
(Address) Wardensburg Mo

Date of onset
Jan 8 1940

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. 11;

District File No. 240759

Date Filed FEB 8 1940

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,

H. F. Powell, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

H. F. Powell

Licensed Embalmer No. 1804

P. O. Address Powell 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.