

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11280**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **79**

1. PLACE OF DEATH:

- (a) County **Carthage Mo.**
(b) City or town **Carthage Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McLane - Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether

In this community
years, months or days **250**

3. (a) PRINT FULL NAME **James Harvey McKinney**
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **child**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 9 - 1953**
(Month) (Day) (Year)

8. AGE: Years **6** Months **4** Days **16** If less than one day
hr. _____ min. _____

9. Birthplace **Walnut Grove, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

- MOTHER FATHER { 12. Name **Omer McKinney**
13. Birthplace **Walnut Grove, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Velma Hurst**
15. Birthplace **Walnut Grove, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Omer McKinney**

- (b) Address **Golden City, Mo.**

17. (a) **Burial** (b) Date thereof **March 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Walnut Grove, Mo.**

18. (a) Signature of funeral director **Gene A. Brown**

- (b) Address **Walnut Grove, Mo.**

19. (a) **Mar. 26, 1940** (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Dade**
(c) City or town **Golden City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **25**
year **1940** hour **7:55** minute **P** M.

21. I hereby certify that I attended the deceased from **after Feb 25, 1940** to **Mar 25, 1940**;
that I last saw him alive on **Mar 25, 1940**;
and that death occurred on the date and hour stated above.

- Immediate cause of death **Basin abscess -** Duration **1 wk**

- Due to **Bilateral ear infection (otitis media)** **6 wks**

- Due to _____

- Other conditions (Include pregnancy within 3 months of death) **8 1/2"**

- Major findings: Of operations _____

- Of autopsy **none**

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence **2**

- (c) Where did injury occur _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? **865**

- (Specify type of place) While at work? _____ (e) Means of injury _____

28. Signature **George H. Wood** (M. D. or other) _____

- Address **Carthage Mo** Date signed **3/26/40**

RECEIVED

District Health Officer No. 6,

District File Number 440-1167

Date Filed APR 15 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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Gene A. Brown

Licensed Embalmer No.

2664

P. O. Address

Walnut Grove, 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.