

FILED APR 25 1940

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

Do not use this space.

11283

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. Ston Memorial Hosp) St. _____ Ward _____

File No. _____
Registered No. 90

2. FULL NAME

(a) Residence, No. _____ St. 0 Ward. Liberal, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie H. McKay

22. I HEREBY CERTIFY, That I attended deceased from March 27th 1940 to April 9th 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1872

I last saw him alive on April 9th 1940 Death is said to have occurred on the date stated above, at 11:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 1 28

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Shovel Owner

Chronic myocarditis Date of onset ?
Intestinal ecchymosis ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Chronic nephritis 1911
arteriosclerosis
hypertension

12. BIRTHPLACE (CITY OR TOWN) Marion, Ill. (STATE OR COUNTRY) Illinois

13. NAME Benton McKay

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Margaret Waltz

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

17. INFORMANT Allan McKay (ADDRESS) Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry, Kans. DATE April 12 1940

19. UNDERTAKER Konantz Funeral Home (ADDRESS) Hamalt, Mo.

20. FILED Apr 11, 1940 E. J. McIntire, M.D. Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. M. Calkins, M.D. (Address) Liberal, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Jasper County Health Office

County File Number 40-4-4

Date Filed 4-19-40

I hereby certify that the body whose name
is recorded on the reverse side of
this certificate was embalmed by me

Earl F. Kouantz
Lamar Mo.
Embalmer License # 2247