DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12102

Registration District No. 718 Primary Registration District No. 6430 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 88 years 2 54
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eliga Jeffers McKinley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hannah E. McKinley
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased October 24 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Minister
11. Industry or business
FATHER
12. Name Hazel McKinley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Jeffers
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Hannah McKinley
(b) Address Unionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director J. Hounstock
(b) Address Unionville, Mo.
19. (a) Mar 8 1940 (Date received local registrar) (b) N. W. Gillum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1940 hour 6 minute 109 M.
21. I hereby certify that I attended the deceased from Jan 16 1940 to March 6, 1940
that I last saw him alive on Feb 22, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hart	
Due to Mitral Regurgitation	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 W	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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?
645 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. A. Montgomery (M. D. or other)
Address Unionville Date signed 3-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 4-40-730
Date Filed APR 3 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 J. W. Comstock, Registered Apprentice No. 132 working under my personal supervision.

Signed J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Thomaville, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.