

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

21047

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Andrew
(b) City or town Rosendale
(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 of location)
(d) Length of stay: In hospital or institution 78 yrs (Specify whether years, months or days)
In this community 78 yrs

3. (a) PRINT FULL NAME

Ida May Mc Kinney 250

3. (b) If veteran,

NAME WAR

3. (c) Social Security

No.

4. Sex

F

5. Color or

race

W

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

Patrick Mc Kinney

6. (c) Age of husband or wife if

alive 3 years

7. Birth date of deceased

731861

(Month)

(Day)

(Year)

8. AGE:

Years

78

Months

II

Days

IO

If less than one day

hr.

min.

9. Birthplace

GreenfieldOhio

(City, town, or county)

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

12. Name John A Hewitt13. Birthplace un knownOhio

(City, town, or county)

(State or foreign country)

14. Maiden name Rebecca Taylor15. Birthplace Un Known

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Louia Rhoadrick(b) Address Rosendale Mo.17. (a) Burial(b) Date thereof 6 15 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Savannah18. (a) Signature of funeral director E. C. Breit(b) Address Savannah Mo.19. (a) 6/15/1940

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Andrew
(c) City or town Rosendale Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
year 1940 hour I minute 25 P. M.

21. I hereby certify that I attended the deceased from May 30
June 13, 1940, to June 13, 1940
that I last saw him alive on June 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial

Duration

2 weeksDue to Bronchial Pneumonia

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

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? _____
(Specify type of place) (e) Means of injury _____

28. Signature D. P. Lusk (M. D. or other) 13 0
Address Rosendale Mo. Date signed _____

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 Number 740-1162

Date Filed JUL 9 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 E. C. Breit

Licensed Embalmer No. 2630

P. O. Address Savannah Ga

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.