o. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36170

Registration District No. NOV 21 1940 4

Primary Registration District No. 5968

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Rural
(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.? 67 years.

3. (a) PRINT FULL NAME James McKinsey
3. (b) If veteran name war Spanish-American
3. (c) Social Security No. 486-12-7994
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or wife~~ Etta McKinsey
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July (Month) 25 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	8	old hr. min.

9. Birthplace July 25" 1870 (City, town, or county) Old Mexico (State or foreign country) 7
10. Usual occupation Farmer 7
11. Industry or business
FATHER
12. Name D.K. 7
13. Birthplace Old Mexico (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name D.K.
15. Birthplace Old Mexico (City, town, or county) (State or foreign country)
16. (a) Informant Etta McKinsey
(b) Address Jacksonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Jacksonville Cem. (Col)
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo.
19. (a) Oct 15-1940 (Date received local registrar) (b) Walter F. Bamman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1940 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from Sept. 23, 1940, to Sept. 23, 1940 that I last saw him alive on Sept. 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Aneurysm	1939
Due to Syphilis	1930±
Due to 34	
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? 6-6-2 (Specify type of place)
While at work? (e) Means of injury
23. Signature T F Turner (M. D. or other) 1
Address Macon, Mo Date signed 10/4/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2095
Date Filed NOV 11 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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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

If this body is not embalmed, fact should be so stated above.