

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38865**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **205**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(c) Name of hospital or institution: **316 Fulton**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 mos.**
(Specify whether years, months or days) **2**

8. (a) PRINT FULL NAME **CHARLES E MCKINNEY**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Minnie** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **Jan 17 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **23** If less than one day hr. min.

9. Birthplace **Jerseyville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Printer**

11. Industry or business **none**

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter McKinney**

(b) Address **Carthage Mo.**

17. (a) **Burial** (b) Date thereof **Nov 11 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **Nov. 11, 1940** (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **316 Fulton**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**
year **1940** hour **7** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **1940** to **1940**;
that I last saw him **dead** alive on **November 10**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart**
Black Duration

Due to **FILED DEC 11 1940**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **AS**

Of autopsy **view**

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? **865**
(City or town) (County) (State)

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

While at work? (Specify type of place)

(c) Means of injury **5**

23. Signature **R. S. Winchester, M.D.** (M. D. or other)

Address **Jasper, Mo.** Date signed **11-10-40**

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 _____

J. W. Knull

Licensed Embalmer No. 814

P. O. Address Carthage, 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.