

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

14835

Registration District No.

700

Primary Registration District No.

44.57

Registrar's No.

1741

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Howard Grover Mc Kinney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife Mrs. Stone 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Mar. 6 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months - Days 9 If less than one day
hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business _____

12. Name John Mc. Kinney

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

14. Maiden name Cartersfield

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

16. (a) Informant Mrs. Mae Mc. Kinney

(b) Address Doniphan, Mo

17. (a) Burial (b) Date thereof 3-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coke Ridge, Conn.

18. (a) Signature of funeral director W. Jordan

(b) Address Doniphan, Mo

19. (a) 3-18-41 (b) W. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley 91
(c) City or town Doniphan, 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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1941 hour 3 minute 45, P.M.

21. I hereby certify that I attended the deceased from Mar 3-15-1941 to Mar 15-1941
that I last saw him alive on 3-15-41 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to two previous attacks in last 3 mo.
Due to Asthma

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

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?
674
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Edw. Johnston (M. D. or other) _____

Address Doniphan, Mo Date signed 3-18-41

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

FEB 27 1957

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. E. Jordan

Licensed Embalmer No. *3200*

P. O. Address *Doniphan*

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, fact should be so stated above.

M.