

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23017

State File No.

Registrar's No. 13.

Registration District No. 897

Primary Registration District No. 6191

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town PIEDMONT
(c) Name of hospital or institution: St Benton Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT
FULL NAME

John McKinney

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 9
6. (b) Name of husband or wife LAURA Elizabeth McKinney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 2 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation LABOR (CONCRETE)

11. Industry or business _____

12. Name John McKinney

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

14. Maiden name LAURA Elizabeth McKinney

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

16. (a) Informant Alice P Feller

(b) Address Piedmont Mo

17. (a) BURIAL (b) Date thereof Nov 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kehley Cem.

18. (a) Signature of funeral director M. W. Gish

(b) Address Piedmont Mo

19. (a) 6-19-1941 (b) H. C. Pile
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WAYNE
(c) City or town Piedmont 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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1940 hour 7:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov 22, 1940
_____, 19____, to 10/21/40, 19____;
that I last saw him alive on 10/21/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
bilateral

Due to old age

Due to 10

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

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? _____

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

23. Signature H. H. Hines M.D. (M. D. or other) M

Address Piedmont Mo Date signed 5/24

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Norman W. Lytle

Licensed Embalmer No. 2357

P. O. Address Richmond

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.