

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

6347

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(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 George Albert McKinney

3. (b) If veteran,

name war Unknown

3. (c) Social Security

No. None

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

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 6 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 24 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name James McKinney

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

14. Maiden name Mary Ann Guinn

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

16. (a) Informant J.W. McKinney

(b) Address Esther, Mo.

17. (a) Removal (b) Date thereof 8/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG - 2 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. FRANCOIS
(c) City or town ELUINS
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 5 minute 15 pm.

21. I hereby certify that I attended the deceased from _____, 19____, to July 31, 1941;
that I last saw him alive on July 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF THE BLADDER
Duration _____

Due to _____

Due to _____

Other conditions
(Include pregnancy within 5 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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]

Address BARNES HOSPITAL Date signed 8-1-41

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.....

Licensed Embalmer No. 1861

P. O. Address.....

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.