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FILED SEP 11 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Trust Bldg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years 3 (Specify whether years, months or days)

In this community 7 years 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Harriett Marie McKinney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Richard E. McKinney

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 8 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>4</u>	<u>3</u>	hr. min.

9. Birthplace Desoto, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Thomas A. Roundtree

13. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

16. (a) Informant Richard E. McKinney

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Aug-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Hope Gordon

(b) Address Jefferson City, Missouri

19. (a) 8-12-41 (b) Edna Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 026

(c) City or town Jefferson City 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 East Dunklin Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1941 hour 8 minute _____ M.

21. I hereby certify that I attended the deceased from no attendance, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of head

Due to suicide 1040

Other conditions mental derangement
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy none

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) suicide

(b) Date of occurrence 8-11-41

(c) Where did injury occur? Jefferson City, Cole Mo
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(e) Means of injury gun

23. Signature Edna Richter (M. D. or other) 3

Address Jefferson City, Mo signed 9-12-41

017 (Licensed Embalmer's Statement on Reverse Side) Care over

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

51941

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

Joseph J. Gordon

Licensed Embalmer No.

1786

P. O. Address

Jefferson City, Mo.

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

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