

SEP 15 1941
318

Registration District No.

Primary Registration District No. 2001

Registrar's No.

687

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution:
1411 W. Water
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)
In this community **15 years**

3. (a) PRINT FULL NAME

AMANDA P. McKINNEY

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mark McKinney** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **June 17 1868** (Month) (Day) (Year)

8. AGE: Years **173** Months **2** Days **6** If less than one day hr. min.

9. Birthplace **Nashville Tenn** (City, town, or county) (State & foreign country)

10. Usual occupation **House wife**

11. Industry or business **own home**

12. Name **Unknown**

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

14. Maiden name **Unknown**

15. Birth **Don't know** (City, town, or county) (State & foreign country)

16. (a) Informant **Mrs Hubert Scott**

(b) Address **Commerce Over**

17. (a) **Removal** (b) Date thereof **Aug 23 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Cetter Ave**

18. (a) Signature of funeral director **John H. Dietrich**

(b) Address **Pickens Ave**

19. (a) **8-23-41** (b) **W.E. Naudley MD** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield** (If outside city or town limits, write "RURAL")
(d) Street No. **1411 West Water St** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23** year **1941** hour **1730** minute **PM** M.

21. I hereby certify that I attended the deceased from **Aug 19 1941** to **Aug 23 1941**
that I last saw **her** alive on **Aug 23 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver** Duration **6 months**

primary
Due to **Hot**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **No operation**

Of autopsy **Not Made**

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?

(Specify type of place)

(e) Means of injury **D**

Signature **J.B. Britton** (M. D. or other) **MD**

Address **Springfield Mo** Date signed **8/23/41**

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.....

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.

X