

FILLED NOV 14 1941

Registration District No. **85**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hours
(Specify whether years, months or days)
In this community 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 104 East Moore St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1941 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10-7-41 to 10-8-41
that I last saw him alive on 10-8-41
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (Primary)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ralph McKinney
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 27 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ralph McKinney
13. Birthplace Chillicothe Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maxine Wilson
15. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph McKinney Sr
(b) Address 104 East Moore

17. (a) Burial (b) Date thereof 10-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int Auburn Cemetery

18. (a) Signature of funeral director Tracy Barry
(b) Address St Joseph Mo

19. (a) Oct 9 1941 (b) St Joseph
(Date received for register) (Registrar's signature)

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 Robert W. Gray (M. D. or other) MD
Address St Joseph Mo Date signed Oct 9 41

Was not embalmed

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.