

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34605

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 535

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Edwards Springs, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Edwards Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 103 W. Olive (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT
FULL NAME

ALVIN A McKinney

3. (b) If veteran,

name war no

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

Bessie McKinney

6. (c) Age of husband or wife if

alive 41 years

7. Birth date of deceased

march

2 1863

8. AGE:

Years

Months

Days

If less than one day

78

7

25

hr. min.

9. Birthplace

Bridley

Ills 1

10. Usual occupation

merchant (Retail)

11. Industry or business

12. Name

Bird McKinney

13. Birthplace

Ills 1

14. Maiden name

Marie Greer

15. Birthplace

Ills 1

16. (a) Informant

Mrs Bessie McKinney

(b) Address

103 W. Olive Edwards Springs, Mo

17. (a)

Burial

(b) Date thereof

10-30-1941

(c) Place: burial or cremation

Edwards (Country)

18. (a) Signature of funeral director

Wm. S. Sides

(b) Address

Edwards Springs Mo

19. (a)

10/28/41

(b)

J. H. Dawson

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from May 10
1941, to Oct 27 1941;
that I last saw him alive on Oct 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
chronic

Due to unknown

Due to unknown

Other conditions
(Include pregnancy within 3 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) _____ (c) Means of injury _____

23. Signature J. W. Richardson (M. D. or other)

Address 11111 Mo Date signed 10/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1851

Date Filed 11-7-41

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

O. B. Siders

Licensed Embalmer No. 3250

P. O. Address

Edwards Springs Mo

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.