

FILED FEB 11 1942
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 25

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield ct.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 37
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 718 W Commercial
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1942 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 5/42
Jan 10 1942 to _____ 1942
that I last saw him alive on Jan 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Coronary occlusion
anginal Pectoris

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 940
operations _____

Of autopsy _____

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 W. H. [illegible] (M. D. or other) _____
Address Springfield Mo Date signed 1/11/42

3. (a) PRINT FULL NAME ARTLEY MCKINNEY
3. (b) If veteran, name war REGULAR ENLISTMENT
3. (c) Social Security No. 500-14-4710

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth J. McKinney
6. (c) Age of husband or wife if alive 45 years 6 months 1882 (Year)

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)
8. AGE: Years 1 Months 59 Days 9 4
If less than one day _____ hr. _____ min.

9. Birthplace Callao Mo. (State or foreign country)

10. Usual occupation Druggist

11. Industry or business In Drug Store

12. Name John M. McKinney

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Elizabeth M. McKinney

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation National Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Springfield, Mo.

19. (a) Jan 13-1942 (b) [illegible]
(Date received local registrar) (Registrar's signature)

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

W. E. L. H.

FEB 10 1942

FEB 13 1968

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.....

Max Rhodes
4071

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.