

Registration District No. **19191** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **NR**
(c) City or town **Doniphan**
(d) Street No. **Route # 2**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Gertie McKinney**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **13**
year **1942** hour **12** minute **30 P.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Louis** 6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **Sept. 28 1902**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 27 1942 to Feb. 13 1942**
that I last saw her alive on **Feb. 13 1942**
and that death occurred on the date and hour stated above.
Immediate cause of death **Intestinal obstruction**
Duration _____

8. AGE: Years Months Days If less than one day
39 4 15 hr. min.

Due to **Carcinoma of ascending colon, limited**
Due to _____

9. Birthplace **Butler Co. Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Other conditions _____
Major findings: **Intestinal obstruction**
Carcinoma of ascending colon
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Caleb Van Dover**
13. Birthplace **Butler Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Rosette Fairless**
15. Birthplace **Johnson Co. Illinois**
(City, town, or county) (State or foreign country)

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? _____
(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 **D**

16. (a) Informant **Louis McKinney**
(b) Address **Doniphan, Mo.**
17. (a) **Removal** (b) Date thereof **2-14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Doniphan, Mo.**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**
19. (a) **FEB 14 1942** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

23. Signature **J. F. Bredek** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed **2/14/42**

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

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.....

Wilford H. Burnley
Licensed Embalmer No. 4202

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.