S. No. 2
M—1-4-41
v. 5-17-39
B-I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14373

Primary Registration District No. 2001

Registrar's No. 304

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1708 West Atlantic St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days ~~City Hospital~~ (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1708 West Atlantic St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Floyd E. McKinley
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 Mary McKinley
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June (Month) 19 (Day) 1887 (Year)
8. AGE: Years 54 Months 10 Days 0 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name William McKinley
FATHER 13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mary McKinley
(b) Address 1708 West Atlantic
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville St.
19. (a) 4-21-42 (Date received local registrar) (b) N. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 ~~19th~~
year 1942 hour Four minute 45 P. M.
21. I hereby certify that I attended the deceased from April 12, 1942, to April 19, 1942, that I last saw him alive on April 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General peritonitis	7-8 days
Due to Mesenteric Thrombosis	9-10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 99.1	
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) (e) Means of injury
23. Signature W. Roland Langston (M. D. or other) M.D.
Address Springfield, Mo. Date signed 4/20/42

197 (Licensed Embalmer's Statement on Reverse Side)

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 Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.