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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942
Registration District No. 470

Primary Registration District No. 3022

Registrar's No. 18

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

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
106 South Main
(If not in hospital or institution, write street number or location)
 (d) Length of stay: 17 hospital or institution Not in hospital
(Specify whether years, months or days)
 In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town DeSoto
(If outside city or town limits, write "RURAL")
 (d) Street No. 500 E. Pratt
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS WILLIAM MCKINNON
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 702-18-2935

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2
 year 1942 hour 3 minute 21
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
 that I last saw h_____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eva Dickinson
 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased June 7 1912
(Month) (Day) (Year)

Immediate cause of death _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Tractor Driver
 11. Industry or business Mo. Pac. Shops.

MOTHER FATHER {
 12. Name Albert McKinnon
 13. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Rose Kennedy
 15. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Clancy McKinnon
 (b) Address DeSoto, Mo.
 17. (a) Burial (b) Date thereof April 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DeSoto, Mo. (woodland)

22. If death was due to external causes, fill in each following:
 (a) Accident, suicide, or homicide (specify) Public place
 (b) Date of occurrence 4-2-42
 (c) Where did injury occur? DeSoto, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Lee Mothershead
 (b) Address DeSoto, Mo.
 19. (a) 4-7-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

23. Signature Fern Spencer (M. D. or other) _____
 Address DeSoto, Mo. Date signed 4-2-42

JUN 29 1942

JUN 24 1948

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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *J. E. Mothershead*

Licensed Embalmer No. *3531*

P. O. Address *Leiteto*

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.