No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14999

State File No.

FILED MAY 15 1942

Registration District No. 5721

Primary Registration District No. 5776

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Rural Marion Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Holliday, Missouri R.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

69
0
0
0

3. (a) PRINT FULL NAME David Tyler McKinney
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara B. McKinney
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan (Month) 15 (Day) 1880 (Year)

8. AGE: Years 62 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Charles McKinney
13. Birthplace Monroe County (City, town, or county) Mo. (State or foreign country)
14. Maiden name Emma F. Garnett
15. Birthplace Monroe County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clara B. McKinney
(b) Address Holliday Mo. R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Fred G. Thompson by [illegible]
(b) Address Madison, Mo.
19. (a) 4/24/42 (Date received by local registrar) (b) Otis Hedberg (Registrar's signature) by Bess Swank Deputy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 21
year 1942 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 9 1942 to April 21 1942
that I last saw him alive on April 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Embolism	11 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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 T. P. Turner (M. D. or other) DO
Address Madison Mo. Date signed 4-24-42

RECEIVED
District Health Officer No. 10
District File Number S-42-980
Date Filed MAY 13 1942

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 P. Richard Brown, Registered Apprentice No. 309 working under my personal supervision.

Signed Fred G. Thompson

Licensed Embalmer No. 1920

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.