

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18418

State File No. 5-0

Registration District No. 18423

Primary Registration District No. 5-692

Registrar's No. 228

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town East Mo. Elk River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. (Specify whether years, months or days)
In this community 15 yrs.

3. (a) PRINT FULL NAME Abraham Lincoln McKinney

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife Ms McKinney 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 1 (Month) 16 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 29 If less than one day hr. min.

9. Birthplace 1 Kentucky (State or foreign country)

10. Usual occupation Retired R.R. man

11. Industry or business

12. Name McKinney

13. Birthplace 1 Ky. (City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace 1 Ind. (City, town or county) (State or foreign country)

16. (a) Informant Max McKinney

(b) Address Mo.

17. (a) Buried (b) Date thereof 5-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation North Cemetery

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Mo.

19. (a) May 18 1942 (Date received local registrar) (b) W. C. Alexander (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town East Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1942 hour 1:0 minute 18 P.M.

21. I hereby certify that I attended the deceased from May 12 1942 to May 15 1942
that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration, 2 wks,
Due to influenza 1 1/2 months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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. D. Fountain (M. D. or other) DO
Address East Mo. Date signed May 18

4 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 542-745

Date Filed MAY 25 1942

JUL 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

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.