

Registration District No. 171

Primary Registration District No. 302-5551

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Brandsville
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution 23 years
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Brandsville
(d) Street No.
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME William Edward 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
6. (b) Name of husband or wife Nova Anderson 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January 13 1870

8. AGE: Years 72 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Houston Missouri

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER { 12. Name Monroe McKinney
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Elbert McKinney
(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 9/20/42
(c) Place: burial or cremation Union Hill Cem.

18. (a) Signature of funeral director Reg. Dan
(b) Address Theyer, Mo.

19. (a) 10-2-42 (b) W. H. Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1942 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from Sept 15 to Sept 18
that I last saw him alive on Sept 15 and that death occurred on the date and hour stated above.

Immediate cause of death muscular Tuberculosis chronic Myocarditis

Due to 0
Due to

Other conditions Smoking 93d
(Include pregnancy within 5 months of death)

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

While at work? 0 (Specify type of place) (e) Means of injury 0
23. Signature W. H. Cooper (M. D. or other) M.D.
Address Theyer, Mo. Date signed 9-27-42

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

46
00

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

1142944
11-9-42

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.

NOV 11 1942