

FILED NOV 10 1942 272

Primary Registration District No.

5912

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Remiscot  
(b) City or town Rural Virginia  
(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 and location)

(d) Length of stay: In hospital or institution 18 yrs (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

JOHN McKINNEY

## 3. (b) If veteran,

name war 220

## 3. (c) Social Security

No. none4. Sex male 5. Color or race Col. 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Kara McKinney 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased (Month) (Day) (Year) 18688. AGE: Years Months Days If less than one day  
74 hr. min.9. Birthplace Saulsbury Tennessee (City, town, or county) (State or foreign country)10. Usual occupation Farm hand11. Industry or business none12. Name Nathan McKinney  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Viola  
15. Birthplace Tennessee (City, town, or county) (State or foreign country)16. (a) Informant Jas McKinney(b) Address Steele Mo. T. T. Haggard17. (a) Burial (b) Date thereof Oct 10, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Edelly Road Junction18. (a) Signature of funeral director Edelly Road Junction(b) Address Steele Mo. Box 12119. (a) Nov. 8, 1942 (b) Mr. Douglas Himes (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot  
(c) City or town Steele Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9  
year 1942 hour 9:30 minute P. M.21. I hereby certify that I attended the deceased from Sept. 1, 1942  
to Sept. 9, 1942  
that I last saw him alive on Sept 8, 1942  
and that death occurred on the date and hour stated above.Immediate cause of death IntoxDue to wounds on headDue to falling from a truck

Other conditions (Include pregnancy within 3 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) 078

(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) (c) Means of injury 123. Signature M. Chapman (M. D. or not) 1  
Address Steele Mo Date signed 9/23/42

11-42-29

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**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  
the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 34478Registration District No. 272Primary Registration District No. 5912

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH

- (a) County Peru  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAMEJohn McKinney3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex m5. Color or  
race B6. (a) Single, widowed, married,  
divorced w

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) \_\_\_\_\_  
(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) \_\_\_\_\_

(b) \_\_\_\_\_

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

(c) Means of injury

23. Signature Chapman (M. D. or other)Address State mo Date signed \_\_\_\_\_

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

1942  
241  
S-34478