

Registration District No. 291

Primary Registration District No. 5992

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL - LINCOLN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
UNIONVILLE, MO, 1 RFD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. UNIONVILLE, MO, RFD
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH MCKINLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 1942 hour 4 minute 30 P.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife B. F. McKinley

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

7. Birth date of deceased JAN 8, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 16 1942 to Oct 17 1942
that I last saw her alive on Aug 10 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>9</u>	<u>✓</u> hr. - min.

Immediate cause of death Chronic Cardio-Renal Dis

Duration 3

9. Birthplace MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation HOME WORK

11. Industry or business _____

MOTHER FATHER

12. Name John McCollom

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

14. Maiden name JULIA TRIPLETT

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

16. (a) Informant Mrs Freda Hunt

(b) Address Unionville, Mo.

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof OCT 19 42
(Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE, MO

18. (a) Signature of funeral director F. J. ...

(b) Address Unionville, Mo.

19. (a) 10-26-1942 (b) ...
(Date received local registrar) (Signature)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 131a

Major findings:
Of operations _____

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)

Means of injury _____

23. Signature ... (M. D. or other) _____

Address Unionville, Mo. Date signed 10/18/42

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

86
00

RECEIVED

District Health Officer No. 10

District File Number 11-42-3001

Date Filed NOV 16 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.....

Mar E. Busted

Licensed Embalmer No.....

3307

P. O. Address.....

Unionville Mo

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.