

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

41038

FILED JAN 15 1943

Registration District No. 138

Primary Registration District No. 200-1-5581

Registrar's No. 575

1. PLACE OF DEATH:

(a) County Jasper, Galena township,
(b) City or town Joplin Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas-Missouri/State line
(If not in hospital or institution, write street number or location)
(d) Length of stay: 40 yrs. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ibbey McKinney

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

4. Sex Fem. 5. Color of race Color off
6. (a) Single, widowed, married, 2 divorced widow
(b) Name of husband or wife deceased 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased. October 16 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 10 If less than one day
:hr. :min.

9. Birthplace Louville Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farm wife

12. Name Neri Williams

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Delia Moon

(b) Address Joplin, Mo. R.R. 3

17. (a) Removal (b) Date thereof Dec. 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Boice Und. Co.

18. (a) Signature of funeral director 517 Main Galena, Kansas
(b) Address

19. (a) 12-26-42 (b) Arturo Sudowito
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas-Missouri State line
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1942 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1st 1940 to Dec 26 1942
that I last saw him alive on Aug 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Valvular
Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 922

Major findings: Of operations _____

Of autopsy No

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

(a) Accident, suicide, or homicide (specify) No

(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?
(Specify type of place) (e) Means of injury _____

23. Signature E. H. Jones (M. D. or other)
Address Galena, Kansas Date signed 12-26-42

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

42-12-1077

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.....

.....**Embalmed by me the undersigned**..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed in Kansas

Licensed Embalmer No.....

1998

P. O. Address.....**Galena, Kansas**

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.