

Registration District No. 68

Primary Registration District No. 5-266

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Osark Mo. Industrial
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

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

In this community 60 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Osark Mo. Ind.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Carter, H. McKinney

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1942 hour 10 minute 45 P.M.

4. Sex Male 5. Color or race w. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellie McKinney 6. (c) Age of husband or wife if live 55 years

7. Birth date of deceased Nov 7 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1941 1942 to Dec 15 1942

that I last saw him alive on Dec 14 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 1 0 hr. _____ min.

Immediate cause of death Cardiac Decompensation

Due to Cardio vascular Renal disease

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 12/10

10. Usual occupation Lumber

11. Industry or business _____

MOTHER FATHER

12. Name John McKinney

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

14. Maiden name Miss McKinney

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Ellie McKinney

(b) Address Osark Mo.

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

(c) Place: burial or cremation Belmore

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? _____

18. (a) Signature of funeral director T. B. Chabbon

(b) Address Osark Mo.

19. (a) Jan 2 1943 (Date received local registrar) (b) Miss Mallow Street (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R. R. Farthing (M. D. or other)

Address Osark Mo. Date signed Jan 2 1943

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

RECEIVED

District Health Officer No. 0,

District File Number 143-53

Date Filed JAN 15 1943

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.