

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2015

FILED FEB 18 1943

Registration District No.

Primary Registration District No.

3016

Registrar's No.

25

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
In this community Life Specify whether
years, months or days

3. (a) PRINT FULL NAME CATHERINE JOSEPHINE MCKINNEY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married widowed
(b) Name of husband or wife William McKinney 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased December 19 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Victor Adler

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

14. Maiden name Theresa Commerciant

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

16. (a) Informant Miss Elizabeth Adler

(b) Address Jefferson City, Missouri

17. (a) Buried (b) Date thereof 2/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Josephine Adler

(b) Address Jefferson City, Mo.

19. (a) 2-1-43 (b) Theresa Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(d) Street No. 15 E High Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 30 Year 1943 hour 4 minute 25 M.

21. I hereby certify that I attended the deceased from Jan 29 to Jan 30 1943
that I last saw her alive on Jan 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Solar Pneumonia Duration

Due to

Due to

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)

(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 Josephine Adler (M.D. or other) Date signed 2-1-43

JUN 22 1943

JAN 26 1944

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, Sylvester Rulle

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.