

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2123

State File No. _____

Registrar's No. 8

FILED FEB 5 1943

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Greenett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County General Insulin Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Northlife in Dunklin County
years, months or days

3. (a) PRINT FULL NAME HENRY MCKINNEY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years
7. Birth date of deceased Jan 17 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 1 _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name H. M. Kinney

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

14. Maiden name Mary Hilderman

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

16. (a) Informant Mrs. Dora Wallace

(b) Address Greenett Mo.

17. (a) Burial (b) Date thereof Jan 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Pa Park

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

(b) Address Campeche Mo.

19. (a) John Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Greenett Rural
(If outside city or town limits, write "RURAL")
(d) Street No. on Malden Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1943
to Jan 18 1943
that I last saw him alive on Jan 14
and that death occurred on the date and hour stated above.

Immediate cause of death De. Compensation of heart
Due to Nephritis 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 b

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?

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

23. Signature George J. Culver (M.D. or other)
Address Greenett Mo Date signed 1-18-43

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

FO

RECEIVED

District Health Office No. 2,

District File Number 3-151

Date Filed 2 MAR 17 1943

MAR 17 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.....

Licensed Embalmer No.

P. O. Address.....

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.