

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3777

State File No.

JAN 21 1943
Registration District No. 359

Primary Registration District No. 6219

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Sheldon Mo James R.R. #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Drywood Lwp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community all life 33 years
years, months or days)

3. (a) PRINT FULL NAME ARLIN MCKINNEY

3. (b) If veteran, name war no 3. (c) Social Security No. 702-09-9388

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 9 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Richards McKinney
13. Birthplace Brown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Emma Florence Peeler
15. Birthplace Hannou Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Leslie Moxley
(b) Address 3520 E 106th Chicago, Ill.
17. (a) Burial (b) Date thereof 12-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Morsley Cemetery

18. (a) Signature of funeral director Funeral Home
(b) Address Newark Mo

19. (a) Dec 9, 1942 (b) Elesener Ludwig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sheldon R.R. #1
(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 2nd,
year 1942 hour 6pm minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by firearm
(shot gun wound in chest)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 164C

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 12-2-42
(c) Where did injury occur? RFD Sheldon, Vernon Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury Shot gun

23. Signature C. Braxton Davis (M. D. or nurse)
Address Newark, Mo. Date signed 12-2-42

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

RECEIVED

District Health Officer No. 71

District File Number 12-42-1417

Date Filed 1-15-43

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.