. No. 2
—5-42-
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21362

FILED JUL 14 1943

Registration District No. 123 — Primary Registration District No. 5458 — Registrar's No. 5

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Walnut Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None / Walnut Grove Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Walnut Grove
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ....

3. (a) PRINT FULL NAME John Franklin McKinney
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah L. Bray
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov (Month) 10 (Day) 1856 (Year)

8. AGE: Years 86 | Months 7 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Pack Castle County (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business General Farming
12. FATHER Name Logan McKinney
13. Birthplace Mt Vernon (City, town, or county) Ky (State or foreign country) 1
14. MOTHER Maiden name Mary Collier
15. Birthplace Mt Vernon (City, town, or county) Ky (State or foreign country) 1
16. (a) Informant Mary Ellen Martin
(b) Address Walnut Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Williamson Cemetery
18. (a) Signature of funeral director Jesse A. Brim
(b) Address Walnut Grove Mo
19. (a) 6/19/43 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1943 hour 2 minute 20 A M.
21. I hereby certify that I attended the deceased from May 20 1943 to June 18 1943 that I last saw him alive on June 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

N/A

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ..... (e) Means of injury ....

23. Signature J. J. Farbo MD (M. D. or other)
Address Walnut Grove Date signed 6/19/43

1245 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 43-7-80
Date Filed 7/10/43

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 Reed Brim

Licensed Embalmer No. 2664

P. O. Address Walnut, Iron Mt.

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.