

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22605

State File No. _____

FILED JUL 9 1943

Registration District No. 226

Primary Registration District No. 6208

Registrar's No. 28

1. PLACE OF DEATH

- (a) County TEXAS
(b) City or town RURAL OZARK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 12 YRS
years, months or days)

3. (a) PRINT FULL NAME GEORGE EDWARD 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 MARRIED
6. (b) Name of husband or wife ETHEL MCKINNEY 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased NOV. 13 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 27 hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name WILLIAM MCKINNEY
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name MARY JOHNSON
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ETHEL MCKINNEY

- (b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 6/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation OZARK

18. (a) Signature of funeral director Raymond V. Elliott

- (b) Address HOUSTON, MO

19. (a) June 19-43 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County TEXAS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MI. SE HOUSTON
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10
1943 year 12 hour 01 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____;
No attending physician
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: Supposed to be
Internal Bleeding

- Due to _____
Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____
Of autopsy _____

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? _____

- While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature Hubbard (M. D. or other) _____

- Address Houston Date signed 6-12-43

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

RECEIVED

District Health Officer No. 15

District File Number 743416

Date Filed 7-7-43

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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, above space should be left blank.