

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 75

Registration District No. _____

Primary Registration District No. 4161

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jameson
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 56 Years (years, months or days)

3. (a) PRINT
FULL NAME

James Nicholas McKinney

3. (b) If veteran,
name war _____

None

3. (c) Social Security
No. None

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

6. (b) Name of husband or wife Letitia McKinney 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 5 1965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 28 _____ hr. _____ min.

9. Birthplace Pendleton County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name James McKinney

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

14. Maiden name Mary King

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

16. (a) Informant Mrs. Letitia McKinney

(b) Address Jameson, Mo

17. (a) Burial (b) Date thereof 7-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scotland Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt.
(b) Address Gallatin Mo.

19. (a) 7-5-1943 (b) L. O. Jackson
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Jameson
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 1
1941, to July 3, 1943
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Stomach & Colon

Due to Secondary anemia

Due to prostatic hypertrophy

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

Major findings: He R

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) (e) Means of injury _____

23. Signature L. O. Jackson (M.D. or other) M.D.

Address Gallatin Date signed 7-5-43

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.....

L. O. Richessey
Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.