

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

25680

State File No.

Registration District No. 254

Primary Registration District No. 4385

Registrar's No.

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Koshkonong
(If outside city or town limits, write "RURAL" and name of township)
(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 12 years
years, months or days)

3. (a) PRINT FULL NAME Hazel Thelma McKinney
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 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 April 30 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 2 - hr. min.

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

10. Usual occupation Student

11. Industry or business.....

MOTHER FATHER { 12. Name Elbert McKinney
13. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Burg
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elbert McKinney
(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 7/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Hill Cem.

18. (a) Signature of funeral director Geo. Carr
(b) Address Thayer, Mo.

19. (a) 7-6-43 (b) Geo. W. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 75
(a) State Missouri (b) County Oregon 1
(c) City or town Koshkonong 2
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from March 15
1943 to June 30 19. 43
that I last saw him alive on June 30 19. 43
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphoid Leukemia
Duration 4 months

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 Geo. W. Williams (M. D. or other) M.D.
Address Thayer, Mo. Date signed 7-3-43

RECEIVED

District Health Officer No. 5,

District File Number 843494

Date Filed 8-11-43

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.