

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26300

State File No.

REGISTRATION DISTRICT NO. 337

Primary Registration District No. 4499

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbina  
(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. 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Akers 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 Single

6. (b) Name of husband or wife. / 6. (c) Age of husband or wife if alive. / years

7. Birth date of deceased. December 25th 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 24 If less than one day / hr. / min.

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

10. Usual occupation. Retired

11. Industry or business. Farming

12. Name. Not Known

13. Birthplace. Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name. Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant. Gentry Crawford

(b) Address. Shelbina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/43  
(Month) (Day) (Year)

(c) Place: burial or cremation. Shelbina Mo.

18. (a) Signature of funeral director. William V. Barlow

(b) Address. Shelbina Mo.

19. (a) July 5-43 (Date received local registrar) (b) Madge Gosch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina  
(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 6 day 19  
year 43 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from 1-2-43 to 6-19-43, 1943  
that I last saw him alive on 6-19-43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Edema Duration 10 hrs

Due to mitral disease 10 yrs

Due to /

Due to /

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

Major findings:  
Of operations 92 hr

Of autopsy /

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. G. M. Hood (M. D. or other) /  
Address. Shelbina Mo. Date signed 6-23-43

RECEIVED

District Health Officer No. 10

District File Number 8-43-1198

Date Filed .....

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. 3835

P. O. Address Philburn, 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.