S. No. 2
M-5-42
5-17-39
I x 3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29655

State File No.

FILED SEP 2 1943

Registration District No. 374 Primary Registration District No. 6275 Registrar's No.

113
0
0

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

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Rural (Allendale Mo)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Smith 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 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth 113 0 0

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Allendale, Mo.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM TIVIS McKIM

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or Race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Mary McKim

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

7. Birth date of deceased July (Month) 1 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	10	..... hr. ..... min.

9. Birthplace Appanoose Co. (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Alfred Nelson McKim
13. Birthplace Spencer Co. (City, town, or county) Ind. 1 (State or foreign country)

MOTHER
14. Maiden name Harriet Iowa
15. Birthplace Mt. Pleasant (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Donald McKim
(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lotts Grove, Cem

18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.

19. (a) Aug 10-1943 (Date received local registrar) (b) Arlene Scadden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation of Heart	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 P
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Judge Sego Acting Coroner (M.D. or other)
Address Denver, Mo. Date signed 7-11-43

1104

(Licensed Embalmer's Statement on Reverse Side)

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 Arch C Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City 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.