

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34670

State File No.

FILED OCT 20 1943
Registration District No. 19430

Primary Registration District No. 4494 5444

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural - Athens Twp
(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 All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME AVEREL HUEAH MCKIN

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 Pearl McKim 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 27 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37 1 1 _____ hr. _____ min.

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

10. Usual occupation Defense work

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis McKim

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

14. Maiden name Jessie Reese

15. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. H. McKim

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director W. J. Brooks

(b) Address Albany Mo

19. (a) Oct 2-1943 (Date received local registrar) (b) Armer W. Huber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28, 1943
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple abscess of right lung

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

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) (c) Means of injury _____

23. Signature Dr. Jack A. Barnes (M.D. or other) Dr.
Address King City Mo Date signed 9/28/43

(Licensed Embalmer's Statement on Reverse Side) Gentry Co. Coroner

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

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifford Brooks
Licensed Embalmer No. 3329
P. O. Address Albany 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.

Registration District No. 120 Primary Registration District No. 5444

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Athens
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Averel Hweah McKen
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 m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 27 1904
Month (Day) (Year)
8. AGE: Years 37 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____
MOTHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 Sept Day 1 Year 1943 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; (that I had saw him _____ since on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death multiple abscesses of right lung
Due to _____
Due to _____

Other conditions non-malignant & non-tubercular on examination
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 114d

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 Dr. Jack J. Brown (M. D. or other)
Address Henry Co. Courthouse Date signed _____

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

FILED

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