

7. S. No. 2
FORM-2-43
Rev. 5-17-39
X35597

43979

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 156

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: Simpson Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Shelbina Rural
(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 _____

3. (a) PRINT FULL NAME Joseph William McKinney

3. (b) If veteran, name World War I

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 August 6th 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name William McKinney

13. Birthplace Dexter MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary C Thompson

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

16. (a) Informant Jess McKinney

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville Mo

18. (a) Signature of funeral director Millions Bartelaw

(b) Address Shelbina Mo

19. (a) Dec 21 1943 (b) Chas E Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1943 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 4
1943 to Dec 7 1943
that I last saw him alive on Dec 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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 L Simpson (M. D. or other) Mo
Address Shelbina Mo Date signed Dec 20 1943

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

MOTHER FATHER

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

DEC 2 9 1943

JAN 4 1944

RECEIVED
District Health Officer No. 10
District File Number 12-43-2996
Date Filed DEC 22 1943

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 Henry A. Packel

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.