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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3528

Registration District No. 1207 Primary Registration District No. 5756 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Maries

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries

(c) City or town Summerfield
(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 0

3. (a) PRINT FULL NAME Wm. James McKinney

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 Married

6. (b) Name of husband or wife Margarete Davis McKinney

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 4, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	5	hr. min.

9. Birthplace Bonnots Mill, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James McKinney
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Duncan
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. McKinney
(b) Address Summerfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty cemetery

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 1-15-44 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1944 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from 1/3/44, to 1/9/44;
that I last saw him alive on 1/8/44, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	4 days
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

33a

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 R. H. Schoenbach
Address Belle, Mo Date signed 1/11/44

(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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lynn

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.