

FILED MAY 8 1944

Registration District No.

Primary Registration District No. 5679

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Baker, Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs.
years, months or days

3. (a) PRINT
FULL NAMEADA D. MCKINNEY3. (b) If veteran,
name war _____3. (c) Social Security
No. ✓4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Jan 24, 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 2 7 hr. min.9. Birthplace Newburg Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Arthur Barron13. Birthplace Manchester, England
(City, town, or county) (State or foreign country)14. Maiden name Katherine Sylvers15. Birthplace Viana Mo
(City, town, or county) (State or foreign country)16. (a) Informant Geo. N. Burton(b) Address Bucklin Mo.17. (a) Burial (b) Date thereof Apr 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Boston Mo.18. (a) Signature of funeral director Theron Funeral Service(b) Address Bucklin Mo.19. April 4-44 (Date received local registrar) Theron (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Bucklin (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Road #3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1,
year 1944 hour 9 minute 30 P.M.21. I hereby certify that I attended the deceased from April
1, 1944, to April 3, 1944that I last saw him/her alive on April 3, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Chronic
Myocarditis

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 723. Signature S. B. Solomon (M. D. or other) DOAddress Marceline Mo Date signed 4-2-44

JUN 21 1943

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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.

4037

P. O. Address

Bucklin, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.