

FILED AUG 15 1944
Registration District No. 2

Primary Registration District No. 3059

Registrar's No. 131

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Conne Lisse
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conne Lisse Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME EVERETT MCKINNEY
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed
(b) Name of husband or wife Mac Snyder 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Feb. 22 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Deer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Longo Mc Kinney
13. Birthplace Deer County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elminda Canes
15. Birthplace Deer County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Snyder Mc Kinney
(b) Address St. Louis Mo.

17. (a) Buried (b) Date thereof July 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cem. Knob Lick Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address St. Louis Mo.

19. (a) July 28 1944 (b) St. Louis Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1944 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-25 to 7-25, 1944
that I last saw him alive on 7-25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull Duration 3 days
Due to fall from truck
7-22-44
Due to _____

Other conditions broncho pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations 1706 A
Of autopsy 28
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) accident 094
(b) Date of occurrence 7-23-44
(c) Where did injury occur? Fall from moving truck
(City or town) (County) (State)
(d) Did injury occur on or about home, on farm, in industrial place, in public place?
on highway 67 south of Deersburg
While at work _____ (Specify type of place) (e) Means of injury fall

23. Signature N. O. Garber (M. D. or other)
Address Deersburg Date signed 7-26-44

RECEIVED

District Health Officer No. 4

District File Number 844-4216

Date Filed 8-12-44

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

Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington

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.