

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37541

State File No.

FILED NOV 27 1944

Registration District No. 27-79

Primary Registration District No. 4-28-5306

Registrar's No. 18

1. PLACE OF DEATH

(a) County Cole
(b) City or town Marion Township
(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 1
In this community 40 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Bell McKinney

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph McKinney 6. (c) Age of husband or wife if alive DECEASED years (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Wesley Kearon (City, town, or county) (State or foreign country)

12. Informant Dart Knott (City, town, or county) (State or foreign country)

16. (a) Informant Clara McKinney (b) Address Jefferson City, Mo

17. (a) Buried (b) Date thereof 10/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Church

18. (a) Signature of funeral director Paul Williams (b) Address California

19. (a) 11/1/44 (b) Paul Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Cole
(c) City or town 26
(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 Oct day 4
year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Oct 1 to Oct 4, 1944
that I last saw er alive on Oct 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. J. Senior (M.D. or other) D.O
Address California Date signed 10/17/44

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

DEC 1 1944

NOV 22 AM

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.....

Hugh E. Williams

Licensed Embalmer No.....

3537

P. O. Address.....

California 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.

S.
DM

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Cole } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 1st day of December, 1944, before me appears Velma McKinney
who, upon her oath, states that the original record of ^{birth} death
for Clara Belle McKenney died Oct 4th, 1944, in the State of
^{born} Missouri, and which was filed at Jefferson City, Mo. on Nov. 27, 1944, should be corrected as follows:

Item No. 8 should read 70 years and four days

Instead of 71 years and four days

Item No. 4 should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Velma McKinney daughter in law Relationship.

Tebbetts, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of December, 1944.

My Commission expires Nov. 29th, 1945. F. V. Kallenbach Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

37541