

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1947
Registrar's No. 199

FILED JAN 16 1948

Registration District No.

Primary Registration District No. 4097

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
106 South Main
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution at home
In this community 5 years
years, months or days (Specify whether)

3. (a) Full Name Elia Alvira McKinney
(b) If veteran, name war _____
(c) Social Security No. _____

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 1 - 1872 years
7. Birth date of deceased Feb. (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days — If less than one day hr. min.

9. Birthplace Terra Haute Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Nathan D Hubbard

12. Name Nathan D Hubbard

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Davis

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

16. (a) Informant Florence V. Morford
(b) Address Richmond Kan

17. (a) Burial (b) Date thereof 1/4/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Recreation Cemetery

18. (a) Signature of funeral director Atkinson Bros
(b) Address Harrisonville

19. (a) Jan 4, 1948 (b) Margaret Tapp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 106 So. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1944 hour about 11:00 M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____,
that I last saw h. _____ alive on _____ 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Pronephritis
Cerebral apoplexy

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?
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature B M Luff (M. D. or other) 3

Address Harrisonville Date signed 1/4/48

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

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

Hayd Ottman

Licensed Embalmer No

7920

P. O. Address

Harmonville 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.