

**FILED JUN 9 1945**  
222

Registration District No. \_\_\_\_\_

Primary Registration District No. **4337**

Registrar's No. **19**

**1. PLACE OF DEATH:**

(a) County **Monroe**  
(b) City or town **Madison Mo**  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

**3. (a) PRINT FULL NAME**

**MR. EMMMA-FRANCES McKINNEY**

3. (b) If veteran, \_\_\_\_\_  
name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife **Chas McKinney** 6. (c) Age of husband or wife if alive **Deceased** years \_\_\_\_\_  
7. Birth date of deceased **Oct 26 1854**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **7** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Monroe Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

**11. Industry or business**

12. Name **Thomas Garrett**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Riley**  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Clara B. McKinney**  
(b) Address **Madison, Mo**  
17. (a) **Buried** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation **Sunset Hill Madison**

18. (a) Signature of funeral director **Paul G. Thompson**  
(b) Address **Madison, Mo**

19. (a) **5/28/45** (b) **Chas. Hedberg**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Monroe**  
(c) City or town **Madison Mo**  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **27**  
year **1945** hour **12** minute **25 a.m.**

21. I hereby certify that I attended the deceased from **July 22**, 19**40**, to **May 27**, 19**45**;  
that I last saw her alive on **27**, 19**45**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-renal-Vascular disease**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **J. R. Turner** (M. D. or other) \_\_\_\_\_  
Address **Madison, Mo** Date signed **5-28-45**

Duration

**5 yrs**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

1126

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 6-45-886  
Date Filed JUN 7 1945

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P.O. Address

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.