

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24727**

FILED JUL 31 1945

Primary Registration District No. **5968**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **"Rural" Benton Twp.**
(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 **Floyd Lester McKinney**
3. (b) If veteran, _____ 3. (c) Social Security No. **none**
name war _____ No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary McKinney** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 30 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 1 21 hr. _____ min.

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

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Lon McKinney**
13. Birthplace **Polk County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Noyes**
15. Birthplace **Mich.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary McKinney**
(b) Address **Rt 2 Highway Hgo**
17. (a) **Bural** (b) Date thereof **July 25 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Hutchesons Turpin**
(b) Address **Bolivar, Mo.**
19. (a) _____ (b) **Cora Hinkle**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(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? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1945** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Due to **Angina pectoris**
Due to **He passed away suddenly**
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 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?

(Specify type of place)
While at work? _____ (c) Means of injury **0**
23. Signature **J. D. Hinkle** (M. D. or other) _____
Address _____ Date signed _____

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.

Signed

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.