

FILED JAN 25 1946

State File No.

97

Registration District No.

Primary Registration District No. 3000

Registrar's No.

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home # 2 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community Live
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1014 W. Patterson 3
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Charles Henry McKim

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Mabis 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 23 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Schuyler Co. Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name George McKim
13. Birthplace Unknown Missouri /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Salisbury
15. Birthplace Unknown Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie McKim
(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 12/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ownbey Cemetery

18. (a) Signature of funeral director

(b) Address Kirksville, Mo

19. (a) 12-31-45 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1945 hour 2:00 minute A: M.

21. I hereby certify that I attended the deceased from 15 January 1945 to Dec 18 1945
that I last saw him alive on Dec 18 1945
and that death occurred on the date and hour stated above

Immediate cause of death Chronic Myocarditis
Cardiac Asthenia & Edema
Due to Carcinoma Splenic Flexure of Colon
Due to Nephritis
Duration 1 year 2 years

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?

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

23. Signature Howard E. Gross (M. D. or other) R.O.
Address Kirksville, Mo. Date signed 12-28-45

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

100015

RECEIVED

District Health Officer No. 10

District File Number 1-46-60

Date Filed JAN-23-1946

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 *W. E. Riley*.....

Licensed Embalmer No. 4181.....

P. O. Address *Keokuk Ill 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.