

FILED JAN 25 1948
294

Registration District No.

Primary Registration District No.

6006

Registrar's No.

234

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Cairo R.R. Cairo
(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 Lifetime years, months or days

3. (a) PRINT FULL NAME

Bee Mc Kiney

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex male

5. Color or race

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Urgie Johnson McKiney

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 14-1872
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73

2

24

hr. min.

9. Birthplace

Cairo, Randolph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

Farming

12. Name

Martin Van Buren McKiney

13. Birthplace

Madison Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Maggie Richardson

15. Birthplace

Clarks Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Dr. W. L. McKiney

(b) Address

Cairo, Mo.

17. (a)

Cremation
(Burial, cremation, or removal)

(b) Date thereof

11-30-1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Deer Creek Burial

18. (a) Signature of funeral director

Fred Thompson

(b) Address

Madison Mo.

19. (a)

Dec 1-45
(Date received local registrar)

(b)

Deer Creek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Cairo R.R.
(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 Nov day 28
year 8 hour 20 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 20
1944 to Nov 28 1944
that I last saw him alive on Nov 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy

Duration

SDA

Due to

Due to

Other conditions

Cancer Liver
(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)

(e) Means of injury

23. Signature

H. E. Giffels

(M. D. or other)

Address

Madison Mo.

Date signed 11/29/45

267

(Licensed Embalmer's Statement on Reverse Side)

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

100810

RECEIVED.

District Health Officer No. 10

District File Number 1-46-102

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

Mrs. Lucy A. Thompson

Licensed Embalmer No. 3282

P. O. Address *Madison, 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.