

FILED MAR 7 1946

Registration District No. 14Primary Registration District No. 4429Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Minden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 years. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Margaret Green

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased November 11, 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 2 26 hr. min.9. Birthplace Osage City Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
 12. Name Charles McKinnon
 13. Birthplace Glasgow Scotland
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Boyd
 15. Birthplace Glasgow Scotland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles M. McKinnon17. (a) Burial (b) Date thereof 2-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olive Cem. Pittsburg18. (a) Signature of funeral director George J. Brenner18. (b) Address Pittsburg, Kansas.19. (a) 2-11-1946 (b) Anton V. Whelan
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Minden
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1946 hour 4 minute 40 P. A. M.21. I hereby certify that I attended the deceased from 2/4
1946, 1946, to 2/7, 1946
that I last saw her alive on 2/7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral HemorrhageDue to _____
Other conditions (Include pregnancy within 3 months of death) _____Major findings:
Of operations _____Of autopsy § 30

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?
g, Ks.

While at work _____ (Specify type of place)
 (b) Means of injury _____
 23. Signature Anton V. Whelan (M. D. or other) _____
 Address Pittsburg, Ks. Date signed 2/14/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Rev. 5-1-1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 George F. Brenner

Licensed Embalmer No. 1423

P. O. Address Pittsburg, Kansas

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, above space should be left blank.