DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10579

FILED APR 11 1946

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 118

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 42
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. 7 mos. 27 das.
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley 94
(c) City or town Unknown
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JEFF McKINNEY
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) About 1885
8. AGE: Years About 61 Months Days If less than one day hr. min.
9. Birthplace Ripley County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Records, State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cem., Doniphan, Mo.
18. (a) Signature of funeral director
(b) Address NO FUNERAL DIRECTOR
19. (a) 4-4-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1946 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 9, 1934, 19, to Feb. 6, 1946, 19;
that I last saw him alive on Feb. 6, 1946, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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? (e) Means of injury
23. Signature (M. D. or other)
Address Farmington, Mo. Date signed 2/10/46

289 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 446-2000
Date Filed 4-10-46

AUG 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Not embalmed

Signed C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.