

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14982

State File No. \_\_\_\_\_

FILED APR 24 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 3604

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: MISSOURI PACIFIC HOSPITAL  
(d) Length of stay: In hospital or institution 5 MO.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State KANSAS (b) County 999  
(c) City or town YATES CENTER  
(d) Street No. 408 E. KANSAS ST  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) ?)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Guy McKinney  
(b) If veteran, name war NO  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 19  
year 1946 hour 9 minute 20 A.M.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife EUNICE MCKINNEY  
6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased APRIL 30 1901  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 20, 1945, to April 19, 1946  
that I last saw him alive on April 19, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 44 Months 11 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Squamous cell carcinoma of the larynx.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace WALNUT GROVE MO.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation CLERK

11. Industry or business RAILROAD

12. Name HARVEY MCKINNEY

13. Birthplace KY  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA DRAY

15. Birthplace KY  
(City, town, or county) (State or foreign country)

16. (a) Informant EUNICE MCKINNEY  
(b) Address YATES CENTER KANSAS

17. (a) REMOVAL (b) Date thereof 4/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation YATES CENTER KANSAS

18. (a) Signature of funeral director Robert J. [unclear]  
(b) Address 6633 Clayton Rd.

19. (a) APR 19 1946  
(Date received by registrar) (b) J. F. Bredebeck  
(Registrar's signature)

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? \_\_\_\_\_  
(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 Guy J. Datesh (M. D. or other) \_\_\_\_\_  
Address 1755 S. Grand St. Kansas City, Mo. signed 4/19/46

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

LOOK UP

Datesh

---

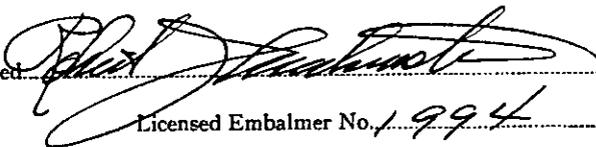
---

**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.....  


Licensed Embalmer No. 1994.....

P. O. Address.....

**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.**