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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15487

Registration District No. 359 Primary Registration District No. 4525 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Milo, Missouri, Dry Wood
(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 years, months or days)
In this community 95 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Milo Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edmund Reese McKay

3. (b) If veteran, name war

3. (c) Social Security No. No

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

6. (b) Name of husband or wife Cora Mintie McKay 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 4 (Month) 1874 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	18	hr. min.

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

10. Usual occupation Retired Lumber Retailer

11. Industry or business

FATHER 12. Name Joseph Madison McKay

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

MOTHER 14. Maiden name Josephine Elizabeth McKay

15. Birthplace Bates Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Cora Mintie McKay

(b) Address Milo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Milo Cemetery

18. (a) Signature of funeral director H. Bernard Berry

(b) Address Sheldon Missouri

19. (a) April 30, 1946 (Date received local registrar) Ruth Hartz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year hour 6 P.M. minute P.M.

21. I hereby certify that I attended the deceased from April 20 1946 to April 22 1946 that I last saw him alive on April 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Hardening coronary arteries

Due to

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? (Specify type of place)

While at work? (e) Means of injury ( )

23. Signature C. L. Keithly (M. D. or other)

Address Milo Mo. Date signed 4-28-46

330 (Licensed Embalmer's Statement on Reverse Side)

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. L. Bernard Beeny

Licensed Embalmer No. 416

P. O. Address. Sheldon Missouri

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.