

FILED AUG 9 1946

State File No.

Registration District No. 30

Primary Registration District No. 5105

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Edwardsville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community 6 months

3. (a) PRINT FULL NAME Althea Ora McKinney

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry D. McKinney 6. (c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased Nov 13, 1891 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Kansas City, Kans (City, town, or county) (State or foreign country)

10. Usual occupation Cafe Owner

11. Industry or business

MOTHER FATHER { 12. Name Merida Conklin
13. Birthplace Canada (City, town, or county) (State or foreign country)
14. Maiden name Rosetta Stauffer
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Frankenberg
(b) Address 1250 Burlington N. K.

17. (a) removed (b) Date thereof 7-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Kans.

18. (a) Signature of funeral director White-Rosen
(b) Address Warsaw, Mo.

19. (a) July 10-1946 (b) Jas. A. Logan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1250 Burlington (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10, 1946 to July 9, 1946 that I last saw him alive on July 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cervix
Due to Carcinoma of the Cervix
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No 4/40

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)
(a) While at work? (c) Means of injury
23. Signature James A. Logan (M. D. or other)
Address 8320 N. 1st St. W. Date signed 7/10/46

RECEIVED

DEPT. OF HEALTH, No. 7.

DI. 7-46-796

Date 8-2-46

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.....

John F. Reser

Licensed Embalmer No. *4098*

P. O. Address.....

Harvard

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.