

FILED DEC 4 1946

Registration District No. 2

Primary Registration District No. 5088

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

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town RFD 3 Appleton City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Appleton City RFD 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hudson Sup (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Llewellyn McKinley

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

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

6. (b) Name of husband or wife May McKinley 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 1 5 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Micheal R. McKinley

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

14. Maiden name Mercy Ann Brown

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

16. (a) Informant May McKinley

(b) Address Appleton City RFD 3

17. (a) Burial (b) Date thereof 11 24 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Round Prairie

18. Signature of funeral director John G. Underwood

(b) Address Butler, Missouri

19. (a) Nov. 26, 1946 (b) Mrs. Wilber Steiner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21  
year 1946 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Occlusion

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John G. Underwood (M.D. or other) \_\_\_\_\_

Address Butler Mo Date signed 11-21-46

RECEIVED  
NOV 11 1946  
11-46-3020  
12-2-46

**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 L. Underwood  
Licensed Embalmer No.....  
P. O. Address Butler, 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.**