V. S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1946

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39504

Primary Registration District No. 4016

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio
(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
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchi son 3

(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME MARY MELissa McKinney

3. (b) If veteran, name war **

3. (c) Social Security No. **

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced wid 2

6. (b) Name of husband or wife Wm.M.McKinney

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 8 (Day) 1868 (Year)

8. AGE: Years 78 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Stocton (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Wesley Thomas
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Jane Hester
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs.Clifford Hawkins
(b) Address Tarkio,Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio,Mo.

19. (a) Dec 16-46 (Date received local registrar) (b) Mrs. H.D. Cunning Ham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month D ecember day 2nd year 1946 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec 1, 1946 to Dec 2, 1946 that I last saw her alive on Dec 1 d, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	?
Due to Arthrosis Acherosis	?
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

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. W. Waugh (M. D. or other)

Address Tarkio Mo Date signed 12/3/46

(Licensed Embalmer's Statement on Reverse Side)

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....Jno. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, 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.