

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39765
Registrar's No. 407

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(c) Name of hospital or institution:
Brandon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME None (Premature)
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex 71 5. Color or race W
6. (a) ☒ Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 50 min.

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Raymond Clum McKinney
13. Birthplace Clay Co. Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Bess Lillian Alexander
15. Birthplace Clay Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. McKinney
(b) Address #1 Neeleyville, Mo.

17. (a) Burial (b) Date thereof 12-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. H. D. D.
(b) Address Carroll, Ark.

19. (a) 12/27/46 (b) R. W. M. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town # Neeleyville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12-17 day
year 1946 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from
12-16, 1946 to 12-17-46, 1946
that I last saw her alive on 12-17-46, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death
Prematurity
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
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) (c) Means of injury
23. Signature K. P. Currier M.D. (M. D. or other)
Address Poplar Bluff, Mo. Date signed 12-25-46

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RECEIVED

District Health Office No. 2

District File Number 1246-1518

Date Filed 12-31-46

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.....

Licensed Embalmer No.....

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.