

FILED JAN 30 1947

State File No.

Registration District No. 289

Primary Registration District No. 5977

Registrar's No.

1. PLACE OF DEATH:

(a) County Dickinson
(b) City or town Aldrich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3 mi. S.W. of Aldrich
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Cora Ellen McKinney

3. (b) If veteran,

name war

None

3. (c) Social Security

No.

None

4. Female

5. Color or race wh

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife

George J. McKinney

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased

May 20 1883

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

63

8

1

1 hr. 0 min.

9. Birthplace

Marionville

Indiana

10. Usual occupation

Housekeeper

11. Industry or business

Housework

12. Name

George H. Shuler

13. Birthplace

Indiana

Indiana

14. Maiden name

Louisa Crane

15. Birthplace

Indiana

Indiana

16. (a) Informant

G. J. McKinney

(b) Address

Aldrich

17. (a)

Burial

(b) Date thereof

Jan 24 1947

(c) Place: burial or cremation

Pleasant Ridge

18. (a) Signature of funeral director

Ernest Blue

(b) Address

Bellevue

19. (a)

Jan 23, 1947

(b)

Lillie Frieze

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dickinson
(c) City or town Aldrich
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. S.W. of Aldrich
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1947 hour 7:15 minute 4 M.

21. I hereby certify that I attended the deceased from Mar 13 to Jan 21, 1947.
that I last saw her alive on Dec 15, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D

Of autopsy

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 21

23. Signature D. F. Frieze (M. D. or other)
Address Jan 23, 1947 Date signed 1/23/47

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

12-46-2396

1-28-47

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 *William D. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Balmain, 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.