

FILED FEB 10 1947

Registration District No. 97

Primary Registration District No. 5992

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Lincoln township 0
(If rural, give location)
 (e) Citizen of foreign country? ####
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah E. McKinley

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

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (c) Age of husband or wife if alive 11 16 years 1862
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 8
 hr. min.

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

10. Usual occupation Retired House Wife

11. Industry or business _____

12. Name George M. McKinley

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

14. Maiden name _____

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

16. (a) Informant Finley McKinley

(b) Address Mendota Rout 1

17. (a) Burial (b) Date thereof 1 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendota Cem
Husted & Son

18. (a) Signature of funeral director Unionville Mo.

(b) Address _____

19. (a) 1-29-47 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
 year 1947 hour 4.45 minute P M.

21. I hereby certify that I attended the deceased from Jan 4 1947 to Jan 20 1947
 that I last saw her alive on Jan 20 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death ct. renal - vasculat dr. s. s. r. with cardiac valvular disease
 Due to hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: B/A
 Of operations _____

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?
(Specify type of place)

(While at work? _____) (e) Means of injury 2

23. Signature H. W. Gilman (M. D. or other) 00.

Address Unionville, Mo. Date signed 1-25-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2:47-2.1
District File No. FEB-5-1947-
Date Filed

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.....

Kenneth Stevens....., Registered Apprentice No. *418*
working under my personal supervision.

Signed *J. O. Husted*.....
Licensed Embalmer No. *2975*
P. O. Address *Unionville*

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.