

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12922

FILED APR 29 1947

State File No. _____

Registration District No. 30

Primary Registration District No. 5306

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole
(b) City or town St. Martins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile west of St. Martins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 86 years, months or days)

3. (a) PRINT FULL NAME George N. McKinney

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 15 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Wilson McKinney
13. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Wood
15. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geneva McKinney
(b) Address St. Martins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-47
(Month) (Day) (Year)
(c) Place: burial or cremation Elston, Mo.

18. (a) Signature of funeral director James Sevier
(b) Address 712 Jefferson

(a) _____ (b) _____
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town St. Martins
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile west of town on S. H. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 6
1947 to April 6 1947
that I last saw him alive on April 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 3 days

Due to senility

Due to arthritis; deforman 10 yrs.

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 N. Kanagawa (M. D. or other) MD
Address 1 Dallmeier Bldg Date signed 4/8/47

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

Karagawa

1961 08 08

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.....

J. H. McIlwain

Licensed Embalmer No. *3641*

P. O. Address. *Jmo.*

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.