

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 197260
Registrar's No. 1024

FILED MAY 27 1947

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4/29/47
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4061 W. Bell,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME McKINNIE, James D.

3. (b) If veteran, name war World I 3. (c) Social Security No. none

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased December 13, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 1 If less than one day 5 50
hr. min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name James E. McKinnie

13. Birthplace Bolivar Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Strong

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

16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks, Missouri

17. (a) burial (b) Date thereof 5-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Brks

18. (a) Signature of funeral director James Randle Fun. Serv.

(b) Address 3133 Bell Avenue

19. (a) 5-20-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1947 hour 5:50 minute A M.

21. I hereby certify that I attended the deceased from April 29, 1947, to May 15, 1947, 19____;
that I last saw h. im alive on May 15, 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, SQUAMOUS CELL, PENIS, WITH METASTASES TO PROSTATE REGIONAL LYMPH NODES AND TRANSVERSE

Due to MESOCOLON

Due to 51-d

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

Major findings: Of operations No operation

Of autopsy Autopsy performed (See Cause of Death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ no

(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 0

23. Signature [Signature] (M. D. or other) _____

Address Vet. Adm. Hosp., Jeff. Brks., Mo. Date signed 5/15/47

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 *J. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.