

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21831

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Bettis
(b) City or town Bedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 40 yrs

3. (a) PRINT FULL NAME ALICE M. MCKINNEY

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

4. Sex ♀ 3. (d) Color or race n
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 2 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alice McKinney

13. Birthplace Barnston Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Caterman

15. Birthplace New Madrid Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rachel McKinney

(b) Address Bedalia Mo

17. (a) Burial (b) Date thereof 6-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director J. D. Ferguson

(b) Address Bedalia Mo

19. (a) 6-9-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bettis
(c) City or town Bedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 208 W Morgan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June 5
year 1947 hour 8:30 minute _____ M. _____

21. I hereby certify that I attended the deceased from June 1 to June 5, 1947,
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to Apoplexy and
Cerebral embolism
Due to _____

Other conditions (Include pregnancy within 3 months of death) g3A

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 J. D. Ferguson (M. D. or other) MD.

Address Bedalia Mo Date signed 6-9-47

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

RECEIVED

District Registrar Officer No. _____

District File Number _____

Date Filed 6-18-47

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sadalia

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.