S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42352

FILED DEC 17 1947

Registration District No. 2079 Primary Registration District No. 3043 Registrar's No. 474

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 108 S. Hawkins
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James H. McKinney
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife No record
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 22, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	1	16	hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Attendant
11. Industry or business Missouri State Highway

MOTHER
12. Name No record
13. Birthplace No record
(City, town, or county) (State or foreign country)

FATHER
14. Maiden name No record
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Ruth Irick
(b) Address 2209 Locust, Quincy Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 12-10-47 (Date received local registrar) (b) Asst E. M. Lucky (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1947 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from Dec. 3, 1947 to Dec. 8, 1947
that I last saw him alive on Dec. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NP
Of autopsy ND

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. B. Blue (M. D.)
Address Hannibal Mo Date signed Dec. 10

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Lyman A Steele, Registered Apprentice No. 460,

working under my personal supervision.

Signed H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.