

FILED JUN 7 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17048

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 239
(b) Township Como Primary Registration District No. 5835
(c) City Parma, Mo. or in my office (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME

Baby McKinney
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Parma, Mo. (STATE OR COUNTRY)

13. NAME Edwin McKinney

14. BIRTHPLACE (CITY OR TOWN) Vardaman (STATE OR COUNTRY) Miss

15. MAIDEN NAME Lucille Conner

16. BIRTHPLACE (CITY OR TOWN) Vardaman (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Edwin McKinney
Lavalle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Honeyard DATE 5/10/48

19. FUNERAL DIRECTOR (NAME) same (ADDRESS)

20. FILED 5/18 48 Dr. G. W. Husted Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1948

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1948, to May 18, 1948

I last saw her alive on May 18, 1948. Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

Premature (6 mo)

Date of onset

Other contributory causes of importance:

Name of operation 159 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. G. W. Husted, M. D.

(Address) Parma, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Office No. 2

6-48-725
6-4-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.