

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22716

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community Life time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 223 - No. Main
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN THOMAS Mc Kay

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, divorced, married
6. (b) Name of husband or wife Ethel Mc Nancy McKay 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Jan - 11 - 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Attorney At Law

11. Industry or business Law Practice

12. Name John Mc Kay

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

14. Maiden name Mary Adams

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

16. (a) Informant Mrs. Anna Mc Kay Whitaker

(b) Address Blythville, Ark

17. (a) Burial (b) Date thereof July 21 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dick Ridge, Kennett, Mo

18. (a) Signature of funeral director Paul Palmer

(b) Address Kennett, Mo

19. (a) 7-26-48 (b) Earl Thurston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1948 hour 4:00 minute a M.
21. I hereby certify that I attended the deceased from 10 May 48
to July 20 48
that I last saw him live on 19 July
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 4 days

Due to Cardio Renal Disease

Due to Stenitis

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature James G. Goff (M. D. or other)

Address Kennett Mo Date signed 20 July

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 848-966

Date Filed 8-2-48

JUL 24 1956

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: A. Salvia

Licensed Embalmer No. 2556-

P. O. Address: Keenett, Mo

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.