

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29055

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County CALLAWAY
 (b) City or town FULTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
221 W. 6th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community LIFE
 years, months or days

3. (a) PRINT
FULL NAMEHENRY MARSHALL MCKINNEY

3. (b) If veteran,

name war. W. W. #2

3. (c) Social Security

No. _____

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife. CONZ A MAE MCKINNEY

6. (c) Age of husband or wife if

alive. 19 years7. Birth date of deceased. SEPT 25 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 0 3 hr. min.

9. Birthplace OSAGE CO. MO.
(City, town, or county) (State or foreign country)10. Usual occupation LABORER

11. Industry or business _____

12. Name ROBT. MCKINNEY13. Birthplace DK. DK. 4
(City, town, or county) (State or foreign country)14. Maiden name ERMA VAUGHT15. Birthplace DK. DK. 11
(City, town, or county) (State or foreign country)16. (a) Informant MRS. HENRY MCKINNEY(b) Address 221 W 6th FULTON MO17. (a) NOT AT HOME (b) Date thereof OCT 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MOKANE18. (a) Signature of funeral director John Morgan(b) Address 712 Canal Fulton Mo19. (a) Oct 1 1948 (b) John Morgan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Fulton Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 221 6th Street
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1948 hour 2 minutes 15 AM.21. I hereby certify that I attended the deceased from _____
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial infarction
with attendant heart
disturbance
 Due to Died in bed at night
unattended by physician
 Due to probable a coronary
occlusionOther conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy g4

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. Garrett (M. D. or other) _____Address Fulton Mo Date signed 9/30/48

Date Filed
OCT 8 1948

RECEIVED
District Health Officer No. 9,
District Health Officer

AUG 22 1952

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 Walter J. Haines, Jr.
Licensed Embalmer No. 4557
P. O. Address Fulton, MD

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.