

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 20 1948

State File No.

32167

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route # 3 Poplar Bluff, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Ira Raymond McKinney3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M 5. Color or
race W6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Nora McKinney6. (c) Age of husband or wife if
alive 36 years7. Birth date of deceased Jan 20 1907
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
41 8 12 hr. min.9. Birthplace Rombauer Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Merchant

11. Industry or business _____

12. Name Alonzo McKinney13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Lizzie Care15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant Nora McKinney(b) Address Poplar Bluff, Mo.17. (a) Burial (b) Date thereof 10/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Butler Co. Mo.18. (a) Signature of funeral director Greer Croy & Fitch(b) Address Poplar Bluff, Mo.19. (a) 10/16/48 (b) A. McKinney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route # 3 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1948 hour 7 minute P. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration _____Due to ActinomycesDue to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 107
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 _____
 Signature A. McKinney D. or other MD
 Address Poplar Bluff, Mo. Date 10/15/48

RECEIVED

District Health Office No. 2,

District File Number 10-48-136

Date Filed 10-19-41

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 _____

Russell A. Laughlin, Registered Apprentice No. 233
working under my personal supervision.

Signed Wallace H. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.