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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 27 1948

Registration District No. 389

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32211

State File No.

Primary Registration District No. 5773

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Near Holt Summit, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Syrs (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Clare Louise McKinney

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 23 1969
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 12 _____ hr _____ min

9. Birthplace Honolulu Overville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business George Mahaney

12. Name Missouri

13. Birthplace Mary Jane Estes
(City, town, or county) (State or foreign country)

14. Maiden name Missouri MARY JANE ESTES

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

16. (a) Informant Roy McKinney

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Victor Brecher

(b) Address Jefferson City, Mo.

19. (a) Oct-12-48 (b) Victor Brecher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Holt Summit, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1948 hour 2 minute 20 P M.

21. I hereby certify that I attended the deceased from Oct-8 1948 to Oct-10 1948
that I last saw her alive on Oct-9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Complication of Heart
Valvular Heart Disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ Means of injury 1

23. Signature J. McKinney (M. D. or other)

Address New Bloomington Date signed Oct 12-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
OCT 25 1948
Date Filed

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. 3701

P. O. Address Jefferson City

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.