

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35318

Registration District No. 336

Primary Registration District No. 4093

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community No years, months or days)

3. (a) PRINT FULL NAME David M. McKinney

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie I. McKinney 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 2nd, 1886
(Month) (Day) (Year)

8. AGE: Years 80 Months Days If less than one day
hr. min.

9. Birthplace Texas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Timber Work

11. Industry or business

12. Name Monroe McKinney

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Tucker

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

16. (a) Informant Sadie I McKinney

(b) Address Birch Tree, Mo

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

(c) Place: burial or cremation Oak Forrest Cem

18. (a) Signature of funeral director J. R. Stinson

(b) Address Mountain view, Mo

19. (a) 11-10-48 (b) J. R. Stinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
(c) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (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 6th
year 1948 hour minute 20 a.m.

21. I hereby certify that I attended the deceased from January
19 7th to October 6, 1948
that I last saw him alive on October 6, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis duration

Due to

Due to

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature P. L. Davis (M. D. or other)
Address Birch Tree Mo Date signed 11/9/48

RECEIVED 11-12-48
District Health Officer No. 5,
District No. 11-12-48
Date Filed 11-12-48

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 Joe S. Duncan
Licensed Embalmer No. 4325
P. O. Address St. Louis, 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.