

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

37110

State File No. _____

FILED NOV 23 1948

Registration District No. 186

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs. (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME CLARA COOK McKINNEY
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. Wm. M. McKinney M.D. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 16, 1885 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Plattsville Colorado (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Kelsey 13. Birthplace Ohio
14. Maiden name Henrietta Boyd 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Sarah Kelsey
(b) Address Baxter Spg. Kansas
17. (a) Removal (b) Date thereof 11-17-48 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Lowell Cemetery, Lowell, Kan.

18. (a) Signature of funeral director Blasius - Schumaker Mortuary
(b) Address Baxter Spg. Kansas
19. (a) 11-19-48 (b) Ed J. Janssen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Baxter Spg. Kan. (If outside city or town limits, write "RURAL")
(d) Street No. 427 E 15th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 13, 1948 to Nov 14, 1948
that I last saw her alive on Nov 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days
Due to Pneumonia 5 days
Due to _____

Other conditions Rheumatoid arthritis 12 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations had Of autopsy had
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 _____

23. Signature Wm. McKinney (M. D. or other) Wm. McKinney
Address Baxter Spg. Kansas Date signed 11/17/48

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

APR 20 1954

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 Rex N. Shewmake

Kansas Licensed Embalmer No. 1998

P. O. Address Baxter App. Kansas

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.