

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37384

State File No. _____

Registration District No. 210

Primary Registration District No. 5771

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural (Marian Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 81 years 8 months 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eber Franklin McKinney

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice McKinney 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Febr. 4, 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Mercer County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business Own Farm

12. Name Calvert McKinney

13. Birthplace Virg.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Butts

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

16. (a) Informant Geo. J. McKinney

(b) Address Lineville, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation McKinney Cemetery

18. (a) Signature of funeral director James L. Shuler

(b) Address Lineville Iowa

19. (a) 11-1-48 (Date received local registrar) (b) 302 J. Ruth (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Rural
(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 14
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 15, 1946, to Oct. 14, 1948
that I last saw him alive on Oct. 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Apoplexy 4 days

Due to Generalized Arteriosclerosis yes

Due to Hypertensive Heart Disease yes

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

Major findings: Of operations _____ Of autopsy _____

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) Means of injury 2

23. Signature Geo. J. McKinney (M.D. or other) 400

Address Mercer, Mo. Date signed Oct. 14, 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Amos L. Granger

Licensed Embalmer No.

3967

P. O. Address

Lincolnville, Iowa

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.