

FILED DEC 1 1948

Registration District No. 282

Primary Registration District No.

5968

State File No.

Registrar's No.

142

1. PLACE OF DEATH:

(a) County Polk
(b) City or town "Rural" Benton Twp.
(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 _____ (Specify whether
in this community _____
years, months or days)

3. (a) PRINT
FULL NAMEAlonzo McKinney

3. (b) If veteran,

name war none

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 Norma McKinney 6. (c) Age of husband or wife if
alive 72 years
7. Birth date of deceased June 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 7 hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name William F. McKinney
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Dean
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Norma McKinney
(b) Address Halfway, Mo.

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

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Turpin Funeral Home
(b) Address Bolivar, Mo.

19. (a) Nov. 15, 1948 (b) Ralph Gorden
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile west of Halfway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1948 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov 10
1948 to Nov 15 1948.
that I last saw him alive on Nov 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Duration 5da

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 0

23. Signature Dr. M. G. Gowan (M. D. or other)
Address Bolivar Mo Date signed _____

RECEIVED

District Health Officer No. 7

District File Number 10-48-1381

Date Filed 11-30-48

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3053

P. O. Address..... Bolivar, 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.