No. 2
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5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1949

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 39502

Registrar's No. 372

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town 415 N.E.8th St. Fulton, 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 ..... (Specify whether
In this community 4½ Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 415 N.E.8th St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Isaac McKinley

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mary McKinley

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 23 (Day) 1873 (Year)

8. AGE: Years 75 | Months 5 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Unionville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Attendant at State Hosp. #1

11. Industry or business at Fulton, Mo.

FATHER
12. Name Franklin McKinley 0
13. Birthplace Unionville, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth ??
15. Birthplace D.K. (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Mary McKinley /
(b) Address 415 N.E.8th St., Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-49 (Month) (Day) (Year)
(c) Place: burial or cremation Old Cedar

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 1-1-1949 (Date received local registrar) (b) Josie Morris Shoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1948 hour 4:00 minute p.M.

21. I hereby certify that I attended the deceased from Dec. 18, 1948, to Dec. 19, 1948
that I last saw him alive on Dec. 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 yr.
Due to Cerebral Embolus	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 940

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? [illegible] (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? (e) Means of injury 2

23. Signature D. A. Squires (M. D. or other) D.O.
Address Fulton, Mo. Date signed 12/30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JAN 6 1949
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. Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address. Fulton 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.