

FILED JAN 19 1949

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 770

BIRTH NO. None REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>604 Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 Maple</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> b. (Middle) <u>Augusta</u> c. (Last) <u>McKenny</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 - 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 8 - 1884</u>
9. AGE (In years last birthday) <u>63</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Butler Co. Mo.</u>	

13a. FATHER'S NAME <u>George McKinnis</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Young</u>		14. NAME OF HUSBAND OR WIFE <u>Dulcie McKinnis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-16-7756</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dulcie McKinnis</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>163F</u>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARBOLIC ACID POISONING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MINUTES</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6464</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

18a. INCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KENNETT DUNKLIN MO</u>
19c. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>	

I hereby certify that I attended the deceased from Jan 13, 1949, to Jan 13, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lillian S. Gilmore D.O.</u>		23b. ADDRESS <u>Kennett 2110</u>		23c. DATE SIGNED <u>Jan 13 - 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>Jan 15 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13 - 49</u>	REGISTRAR'S SIGNATURE <u>Carl Husband 90</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home Kennett Mo.</u>		

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

RECEIVED

District Health Office No. 2,

District File Number 149-96

Date Filed 1-17-49

JAN 31 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edgar Reed Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO
County of DUNKLIN } ss.

State File No. 774
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of FEBRUARY, 1949, before me appears MRS
DULCIE MCKINNEY, who, upon HER oath, states that the original record of ^{birth} death
for JASPER AUGUSTA MCKINNEY died JAN. 13TH, 1949, in the State of
Missouri, and which was filed at KENNETT on JAN. 13, 1949, should be corrected as follows:

Item No. 8 should read SEPT. 6TH - 1885

Instead of SEPT. 9TH - 1884

Item No. 9 should read 63 - 4 mo - 7 da

Instead of 64 YR. - 4 - 4 da

Item No. _____ should read _____

Instead of ALL COPIES FREE

Item No. _____ should read AGE

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant _____ Relationship. _____

Dulcie McKinney
Present Address.

Subscribed and sworn to before me this 9th day of February, 1949.

My Commission expires 8-29-49 W. E. Sefton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

