

Registration District No. 128

Primary Registration District No. 200

State File No. 86

Registrar's No. 86

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Burge Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 hrs**
 (Specify whether years, months or days)
 In this community **3 years**

3: (a) PRINT FULL NAME **Andrew J. McKinney**
 3: (b) If veteran, name war **no**
 3: (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Allie McKinney**
 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **March 9 1865**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **3**
 If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **Daniel McKinney**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lynn A. McKinney**

(b) Address **1037 E. Turner**

17. (a) **Burial** (b) Date thereof **1-15-49**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cabool Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **1-21-49** (b) **W. J. Handley**
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1037 E. Turner**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **12**
 year **1949** hour **8** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **12 January 1949** to **12 January 1949**
 that I last saw him alive on **12 January 1949**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration **12 hrs**

Due to **Coronary occlusion**

Due to **Coronary occlusion**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **NO**

Of autopsy

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? (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

23. Signature **W. J. Handley** (M. D. or other) **M.D.**

Address **Springfield, Mo.** Date signed **12 Jan 49**

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

MOTHER, FATHER

2987 27 APR 1952

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.....

Licensed Embalmer No.....

P. O. Address.....

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.