REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10396
Do not use this space.

17
3
1

1. PLACE OF DEATH
(a) County Carroll — Registration District No. 135
(b) Township — Primary Registration District No. 3010 — Registered No. 49
(c) City Carrollton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Blaine McKinsey
(a) Residence, No. 411 North Sloan St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Emma M. McKinsey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1885
7. AGE: YEARS 54 — MONTHS 1 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton 0 Missouri 1

FATHER
13. NAME Curtis McKinsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery 0 Alabama

MOTHER
15. MAIDEN NAME Matilda Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Missouri

17. INFORMANT (ADDRESS) Emma McKinsey Carrollton, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE A. Oak Hill DATE April 2, 1939
19. FUNERAL DIRECTOR (ADDRESS) Willis Mortuary Carrollton, Missouri
20. FILED 3/31 1939 Ruth Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1937, to 3-31, 1939
I last saw him alive on 3-30, 1939. Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	8/15/37
1240	
Other contributory causes of importance: Enlarged Liver	
Cirrhosis	

Name of operation ..... Date of 2
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) William G. Atwood, M. D.
(Address) Carrollton, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

RECEIVED
District Health Officer No. 8,
District File Number 4/5/34
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ralph Van Landingham

Licensed Embalmer No. 4009

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.)