

NOV 9 1939

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

36954
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 72
 (b) Township Lincoln Primary Registration District No. 1 Registered No.
 (c) City (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

James Anderson Mc Kinley
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marjette McKinley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1889</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	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) <u>Putnam Co, Mo.</u>		
FATHER	13. NAME <u>James McKinley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kent.</u>	
MOTHER	15. MAIDEN NAME <u>Jane Crawford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>James McKinley, Mendota, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mendota, Mo.</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Husted & Son, Unionville Mo</u>		
20. FILED <u>Oct 9 1939</u> <u>Joie O McKinley</u> Deputy Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29 1939, to , 1939
 I last saw h. alive on , 1939. Death is said to have occurred on the date stated above, at 3 P.M.
 The principal cause of death and related causes of importance were as follows:
myocarditis
Hypertension
 Date of onset Sept. 1937
1936

Other contributory causes of importance:
Excessive physical exertion while digging post holes
 Name of operation Date of
 What test confirmed diagnosis? examined 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? Putnam County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at his home
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Hard labor, aggravated condition
 (Signed) J. C. Henrich M. D. C.
 (Address) Unionville, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16503

RECEIVED

District Health Officer No. 10

District File Number

11-39-1867

Date Filed NOV 5

1939

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, above space should be left blank.