

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

FILED
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JAN 10 1941 41
Registration District No. 41

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution Nursing Home 931 N. John St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days)

In this community 50 Years

3. (a) PRINT FULL NAME Thomas Kindall 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, Widowed

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased December 23 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	11	12	hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business None

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Hart

(b) Address Hamer, Texas

17. (a) Burial (b) Date thereof 12-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (e) Signature of funeral director [Signature] 212 Joplin St. Joplin, Mo.

(b) Address

19. (a) 12-5-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 931 N. John St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 10 1940 to Dec 3 1940
that I last saw him alive on Nov 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Sclerosis
Cerebral Hemorrhage

Duration 3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

372 (Specify type of place)

While at work? (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 12-4-40

41-1-32.

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 *Sam E. Sencer*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.