

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2005

State File No. \_\_\_\_\_

Registration District No. 190

Primary Registration District No. 4113

Registrar's No. 33

1. PLACE OF DEATH

(c) County Clark  
(b) City or town Lahoka Missouri  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark  
(c) City or town Lahoka  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles L. McKinney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Murphy 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb 16 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name George E. McKinney

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

14. Maiden name Mary E. Martin

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

16. (a) Informant Roy McKinney

(b) Address Lahoka Mo

17. (a) Buried (b) Date thereof 12/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lahoka Cemetery

18. (a) Signature of funeral director Fred Charles

(b) Address Lahoka Mo

19. (a) Jan 10 1942 (b) Lula Sherris Weaver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec, day 26th  
year 1941 hour 10 minute AM M.

21. I hereby certify that I attended the deceased from Dec 26  
1941 to Dec 26 1941

that I last saw him alive on Dec 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Coronary Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94 P  
Of autopsy \_\_\_\_\_

Duration

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 Perry S. Borton (M. D. or other) MD

Address Lahoka, Mo. Date signed 1/10/42

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

23  
1  
0

RECEIVED

District Health Officer No. 10

District File Number 1-42-146

Date Filed JAN 27 1942

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 Fred J. Kares  
Licensed Embalmer No. 1023  
P. O. Address Kahoka 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.