No. 2
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5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

Registration District No. 25

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4154

State File No. 17861

Registrar's No. 8

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

31
2
0

1. PLACE OF DEATH:
(a) County Daniel
(b) City or town Pattonsburg Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 20 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daniel 31 2 0
(c) City or town Pattonsburg
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles D McKinnis

3. (b) If veteran, name war ✓

3. (c) Social Security No. 707-09-7933

4. Sex Male D

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Addie McKinnis

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec (Month) 1 (Day) 1872 (Year)

8. AGE: Years 69 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Jackson Co (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation

11. Industry or business Retired R.R. Employee

FATHER
12. Name Robert McKinnis
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Wilson
15. Birthplace not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Addie McKinny
(b) Address Pattonsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 3 (Day) 42 (Year)
(c) Place: burial or cremation IOOF Cemetry

18. (a) Signature of funeral director G S Gramer
(b) Address Pattonsburg Mo

19. (a) 5-1-42 (Date received local registrar) (b) L. O. Richesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1942 hour 4.15 minute P. M.

21. I hereby certify that I attended the deceased from April 27, 1942, to May 1, 1942
that I last saw him alive on May 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

94a

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 5/11/42

1-07

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1942

JUN 18 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 G S Gramer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.