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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
7647
State File No.

FILED MAR 11 1944

Registration District No. 181   Primary Registration District No. 4293   Registrar's No. 13

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Elsberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri   (b) County Lincoln
(c) City or town Elsberry Mo
(If outside city or town limits, write "RURAL")
(d) Street No. North 6th
(If rural, give location)
(e) Citizen of foreign country?
If yes, name country

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3. (a) PRINT FULL NAME Charles William McKinsey

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

4. Sex male   5. Color or race white   Single, widowed, married, divorced widowed

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
84	1	21	hr.	min.

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

10. Usual occupation retired carpenter
11. Industry or business

FATHER { 12. Name Charles William McKinsey
13. Birthplace Kentucky
(City, town, or country)   (State or foreign country)

MOTHER { 14. Maiden name Susan Ann Damron
15. Birthplace Virginia
(City, town, or county)   (State or foreign country)

16. (a) Informant Mrs Chas Gatewood
(b) Address 623 S Gilpin Denver Colo.

17. (a) Burial   (b) Date thereof Feb 24-44
(Burial, cremation, or removal)   (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Clifton Mueller
(b) Address Elsberry Mo

19. (a) Feb 28 1944   (b) Lyle Williams
(Date received local registrar)   (Registrar's signature)
4293

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 22
year 1944 hour 2 minute 30 __ M.

21. I hereby certify that I attended the deceased from Jany __ 1944 to Feby 20 __ 1944
that I last saw him alive on 2-20- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coma   Duration 6 day

Due to cerebral hemorrhage 3 hrs

Due to

Other conditions
(Include pregnancy within 3 months of death)
83a

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

23. Signature J. V. Keeline (M.D. or other)
Address Elsberry, Mo   Date signed 2-22-44

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

(Licensed Embalmer's Statement on Reverse Side)
4293

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 *me*

.... *Feb, 22-1944* ...., Registered Apprentice No. ....

working under my personal supervision.

Signed *Clifton Miller*

Licensed Embalmer No. *3369*

P. O. Address *Elsberry, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.