

FILED JUN 8 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 138

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Robert L. McKay
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alta McKay 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 3 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Harness Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Henry O. McKay
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Chancellor
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant A. R. McKay
(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 6/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Humphreys, Missouri

18. (a) Signature of funeral director DEERLEY
(b) Address Kirkville, Missouri

19. (a) 6/3/44 (b) Mrs. J. D. Waynes
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1944 hour 1:00 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 2, 1944, to June 3, 1944;
that I last saw him alive on June 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Septic hemorrhage
Due to Septic bacilleraemia
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration 5 min
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) (e) Means of injury 2
23. Signature M. T. Luttrell (M. D. or other) D.O.
Address Kirkville, Mo. Date signed 6-3-44

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

2
2-43
7-39
X35597

1044

RECEIVED

District Health Officer No. 10

District File Number 6-44-1070

Date Filed JUN 7 1944

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 *Dee Riley*.....

Licensed Embalmer No. 4181

P. O. Address *Kirkville 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.