

S. No. 2
M-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22478
Registrar's No. 46

Registration District No. 327

Primary Registration District No. 6209

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

7
0
0

21343

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL PINEY
(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 LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS/07

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

(d) Street No. 8MI S.E HOUSTON - 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILBURN MCKINNEY

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 MARRIED

6. (b) Name of husband or wife ELLEN MCKINNEY

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased MAY 1 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace TEXAS CO. MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER {

12. Name CALVIN W. MCKINNEY

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

14. Maiden name EMILINE MANNEY

15. Birthplace MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELLEN MCKINNEY

(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 5/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIXIE'S OZARK Saylor D. Elliott

18. (a) Signature of funeral director _____

(b) Address HOUSTON, MO

19. (a) June 4, 1946 (b) Mrs. Annette Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 8 1946 to May 8 1946
that I last saw her alive on May 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
hypertension
arteriosclerosis

Duration 4-5 hrs

Due to arteriosclerosis

Due to Dysentery

Other conditions Valvular heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 107

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 _____

23. Signature Ralph T. Hard (M. D. or other) M.D.
Address Houston mo Date signed 5-1-46

RECEIVED

District Health Officer No. 5,

District File

Date Filed

646374
6-19-46

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

Frank E. Hood

Licensed Embalmer No.

4026

P. O. Address

Houston, 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.