

No. 2
543
1709
K3871

FILED FEB 13 1948

Registration District No. **238**

Primary Registration District No. **3011**

Registrar's No. **261**

1. PLACE OF DEATH:

(a) County **Carroll**
 (b) City or town **Carrollton**
(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 **Entire Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Carrollton / 7**
 (c) City or town **Carrollton :**
(If outside city or town limits, write "RURAL")
 (d) Street No. **505 S. Monroe St.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Ella A. McKinsey**

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

4. Sex **F. 3** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **? ? 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	?	?	hr. min.

9. Birthplace **Carrollton Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Curtis McKinsey**
 13. Birthplace **Montgomery Alabama /**
(City, town, or county) (State or foreign country)
 14. Maiden name **Walter Stewart**
 15. Birthplace **Carrollton Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hayes McKinsey**
 (b) Address **Carrollton Mo.**

17. (a) **Burial** (b) Date thereof **12/31/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **African Oak Hill Cem. Standley & Gibson**

18. (a) Signature of funeral director **Carrollton, Mo.**

(b) Address.....
 19. (a) **12/31/47** (b) **Mr. Herbert Calvert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**
 year **1947** hour..... minute..... M.
 21. I hereby certify that I attended the deceased from **Dec 19 1947** to **Dec 26 1947**
 that I last saw her alive on **Dec 24 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinoma** Duration.....

Due to.....
 Due to.....
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

552
ADDITIONAL SUPPLEMENTARY INFORMATION SHOULD BE UNDERLINED
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 **J. M. Howard** (M. D. or other) **MD.**
 Address **Carrollton, Mo.** Date signed **12-27-47**

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 2-11-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

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.

No. 2B
3-45
P-1 X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 261

Registration District No. 55 Primary Registration District No. 301

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Cannelton
(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 _____ (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ella G. McKenney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B
6. (a) 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 _____ (Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ (Less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ live on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to Unknown Site
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Date signed _____

SUPPLEMENTARY 6

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

MOTHER FATHER

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

44169

Q M