

FILED JUL 27 1948  
Registration District No. 210

Primary Registration District No. 5771

Registrar's No. 146

1. PLACE OF DEATH:  
(a) County Mercer  
(b) City or town Mercer *Marcus Ferry*  
(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 \_\_\_\_\_  
In this community 88 years 6 months 12 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY Salina McKINNEY  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nathan McKinney  
6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Dec. 25, 1859  
(Month) (Day) (Year)  
8. AGE: Years 88 Months 6 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mercer County Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own Home

MOTHER FATHER { 12. Name Nathan Ragan  
13. Birthplace Ken. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Smith  
15. Birthplace Carmi Elzey Ken. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address Mercer, Mo.

17. (a) Burial (b) Date thereof July 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McKinney Cemetery

18. (a) Signature of funeral director O. O. Shuler  
(b) Address Lineville, Iowa

19. (a) 7-14-48 (b) 595 M. J. Pull  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Mercer 65  
(c) City or town Rural 2  
(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 July day 7  
year 1948 hour 6 minute 30 A.M.  
21. I hereby certify that I attended the deceased from MAY 15, 1946 to July 7, 1948  
that I last saw her alive on July 7, 1948  
and that death occurred on the 7 and hour stated above.

Immediate cause of death Congestive heart failure, hrs  
myocardial failure days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 936  
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 2

23. Signature Geo. Lawson (M.D. or other) 100  
Address Mercer Mo Date July 10, 48

DISTRICT HEALTH OFFICE  
Canton, Mass.

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

*Amos L. Green*

Licensed Embalmer No. *3967*

P. O. Address *Linville Ave*

**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.