

42562

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 20 1942

Registration District No. 1475

Primary Registration District No. 5795

Registrar's No. 4

## 1. PLACE OF DEATH:

(a) County Morgan  
 (b) City or town Rural - Cooper  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4 Mi. So. Barnett, Mo.  
 (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

8. (a) PRINT FULL NAME Susanna Henrietta McKinley8. (b) If veteran, name war None 8. (c) Social Security No. NONE4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Jim McKinley, Deceased 6. (c) Age of husband or wife if alive 4 years7. Birth date of deceased Feb. 24 1869  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
72 9 14 - hr. - min.9. Birthplace Moniteau Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home12. Name George Fredrick Busch13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name SUSANNA BAE15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edith Hackney(b) Address Eldon, Mo.17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or other) (Month) (Day) (Year)(c) Place: burial or cremation Sidebottom Cem.18. (a) Signature of funeral director Keith M. Day(b) Address Eldon, Mo.19. (a) Jan 9, 1941 (b) George G. Clapp  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4 Mi. So. Barnett, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1941 hour 9 minute 45 AM.21. I hereby certify that I attended the deceased from Dec 5 1941  
19 4 to Dec 8 19 41;that I last saw her alive on Dec 7  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral haemorrhage  
Duration \_\_\_\_\_Due to Hypertension &arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations 830

Of autopsy \_\_\_\_\_

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 E. O. Shelton M.D. (M. D. or other) \_\_\_\_\_Address Eldon Mo Date signed Dec 9

(Licensed Embalmer's Statement on Reverse Side)

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

Form 6-17-39

Rev. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7;

District File Number 12-41-2160

Date Filed 1-12-42

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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 *Leith M. Hays*

Licensed Embalmer No. 3998

P. O. Address Eldon 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, above space should be left blank.