

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37541

State File No. _____

Registration District No. 27-79

Primary Registration District No. 41-28-5306

Registrar's No. 18

1. PLACE OF DEATH: Cole

(a) County _____

(b) City or town Marion Twp Rural
(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 1
In this community 40 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Cole 26

(a) State Missouri (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? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Bell McKinney

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph McKinney 6. (c) Age of husband or wife if alive _____ years
SEPT 30 1894/1893 (Month) (Day) (Year)

7. Birth date of deceased _____

MEDICAL CERTIFICATION

10. DATE OF DEATH: Month Oct day 4
year 1944 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1 to Oct 4 1944
that I last saw her alive on Oct 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

8. AGE: Years 70 7/8 Months _____ Days 4 If less than one day _____ hr. _____ min.

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER Constance Wesley Kearon

Birthplace West Knox Ill
(City, town, or county) (State or foreign country)

Married name West Knox

Birthplace West Knox
(City, town, or county) (State or foreign country)

16. (a) Informant Clara M. McKinney
(b) Address Jefferson City, Mo

17. (a) Buried (b) Date thereof 10/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Bob Williams
(b) Address California 2740

19. (a) 11/14/44 (b) Bob Williams
(Date received local registrar) (Registrar's signature)

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 Bob Williams (M.D. or other) D.O
Address California Date signed 10/7/44

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

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DEC 1 1944

NOV 27 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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 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.

S. DOM

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Cole } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 1st day of December, 1944, before me appears Velma McKinney, who, upon her oath, states that the original record of ^{birth} death for Clara Belle McKenney died Oct 4th, 1944, in the State of Missouri, and which was filed at Jefferson City, Mo. on Nov. 27, 1944, should be corrected as follows:

Item No. 8 should read 70 years and four days

Instead of 71 years and four days

Item No. 4 should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Velma McKenney daughter in law Relationship.

Tebbetts, Mo.

Present Address.

Subscribed and sworn to before me this 1st day of December, 1944.

My Commission expires Nov. 29th, 1945. F. V. Kallenbach Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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