

S. No. 2
 Form-5-42
 v. 5-17-39
 I X32873

36849

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4 1942

Registration District No. 57

Primary Registration District No. 5207

Registrar's No. 38

17
 0
 0

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

1. PLACE OF DEATH:
 (a) County Carroll.
 (b) City or town Carrollton, FED #1. Hill Top.
 (c) Name of hospital or institution:
1 mile south 1/4 mile west Mandiville, Mo.
 (d) Length of stay: In hospital or institution XX
 In this community Plane accident.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Buchanan.
 (c) City or town St. Joseph, Missouri.
 (e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME CHAS. EVERETT MCKINLEY Jr.
 3. (b) If veteran, name war World War. 11
 3. (c) Social Security No. ????

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 16th
 year 1942. hour 7:30 minute P.M. M.
 21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw alive on 19
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hazel McKinley.
 6. (c) Age of husband or wife if alive ???? years
 7. Birth date of deceased April 6th, 1916.

Immediate cause of death U.S. Army plane crash
 Due to 15 miles west of
Tuna, Mo.
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations 173-10
 Of autopsy 34

8. AGE: Years Months Days If less than one day
26 7 10 hr. min.
 9. Birthplace Rock Island, Ill.

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

10. Usual occupation Military Pilot.
 11. Industry or business U.S. Army Pilot.
 12. Name Chas Everett McKinley Sr.
 13. Birthplace Wisconsin,
 14. Maiden name Vernor ?
 15. Birthplace Ohio.

16. (a) Informant Col. Flippin, Rose Crans f 1st Lt
 (b) Address St. Joseph, Missouri.
 17. (a) Removal (b) Date thereof 11/18/1942
 (c) Place: burial or cremation New Orleans, La.
 18. (a) Signature of funeral director Clifford W. Austin,
 (b) Address Tina, Missouri.
 19. (a) Nov. 18-42 (b) Miss. Edgar Smith
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 017
 (b) Date of occurrence Nov. 16 42
 (c) Where did injury occur Carrollton, Mo. P.R. 2-Carroll, Mo.
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm field
 While at work? yes (e) Means of injury airplane crash.
 23. Signature E. P. Smith, D.O. 2
 Address 111 So. Main Carrollton Mo Date signed 11/18/42

1058

Accident occurred on
Section 19. Twp 54. Rng 24
Leahy Township Carroll
County Missouri

Clifford W. Austin

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-3-92

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 _____

Clifford W. Austin,

Registered Apprentice No. _____

working under my personal supervision.

Signed *Clifford W. Austin*

Licensed Embalmer No. **#3233.**

P. O. Address **Tina, Missouri.**

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.