

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

22188  
Do not use this space.

REC'D JUL 11 1939

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 378  
 (b) Township S. Carroll Primary Registration District No. 5440  
 (c) City SPRINGFIELD (d) Street No. R# 9 Registered No. 462  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MAUDE LEE MCKEE  
 (a) Residence, No. Fair Grove, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1912

7. AGE YEARS 26 MONTHS 9 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Registered Nurse  
 9. Industry or business in which work was done, as saw mill, bank, etc. Nursing  
 10. Date deceased last worked at this occupation (month and year) June-1939 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Grove Mo.

MOTHER FATHER  
 13. NAME Fred McKee  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER FATHER  
 15. MAIDEN NAME Clara Hurd  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Grove Mo.

17. INFORMANT (ADDRESS) Mrs. Clara McKee Fair Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE June 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hines Springfield, Mo.

20. FILED 6-6-39 Chas. A. George Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4 to June 4, 1939.  
 I last saw her alive on June 4 at about 5:35 P.m. Death is said to have occurred on the date stated above, at 5:35 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Suicide by shooting self with a .32 automatic.

Other contributory causes of importance:  
167

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury June 4, 1939  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury shooting self in home  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) J. P. Ferguson M. D. (Address) L. 0. 4 E Elm St.

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.

39

**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 *J. B. King*

Licensed Embalmer No. 3358

P. O. Address.....

**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.

*X*