REC'D AUG 4 1939

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

26085
Do not use this space.

1. PLACE OF DEATH

(a) County: Lawrence — Registration District No.: 467

(b) Township or (c) City: ~~Aurora~~ Aurora — Primary Registration District No.: 4280 — Registered No.: 44

(d) Street No.: Kelsey Clinic St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred: 2 mo yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie C McGehee

(a) Residence, No.: Mt Vernon Mo. R.F.D. # 1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24-1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

FATHER

13. NAME: Joseph McGehee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Susan E Helm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Mr Kenneth McGehee, Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chesapeake Mo. DATE: July 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. F. King, Aurora Mo.

20. FILED: 6-31, 1939 R D Cowan MD
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1939 to July 16, 1939

I last saw him alive on July 16, 1939 Death is said to have occurred on the date stated above, at 9.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	July 1, 1939
Nephritis, on an arteriosclerotic basis, with secondary hypertension	June 1, 1939

Other contributory causes of importance:
Atrophic arthritis, both knees. Not known
Impaired circulation - left leg - April, 1939
with gangrene left foot.

Name of operation: Amputation left leg Date of: 7/15/39
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. Kenneth L. Kelsey, M. D.
(Address) 418 E. Locust St., Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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: Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.