

REC'D AUG 3 1939

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

26139
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
 (b) Township Brookfield Primary Registration District No. 3925 Registered No. 75-
 (c) City Brookfield (d) Street No. McLarny Hospital 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 yrs. mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Henry McKamey

(a) Residence, No. 25th St. Wheeling Mo.
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive McKamey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1861
 7. AGE YEARS 77 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Cloverdale Indiana
 FATHER 13. NAME Bell McKamey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cloverdale Indiana
 MOTHER 15. MAIDEN NAME Elizabeth Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT Mrs Olive McKamey (ADDRESS) Wheeling Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling DATE July 31 1939
 19. FUNERAL DIRECTOR Smiley Funeral Home (ADDRESS) Wheeling Mo.
 20. FILED Aug 1 1939 Sproull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1939, to 7-29, 1939.
 I last saw him alive on 7-29, 1939. Death is said to have occurred on the date stated above, at 6:55 pm.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 4da
34yo
 Other contributory causes of importance:
Emphysema
High blood pressure
and disturbed hepatic
 Name of operation Arteriosclerotic Date of 7/20/39
 What test confirmed diagnosis? 4th Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 19.....
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify 0
 (Signed) John W. Murray, M. D.
 (Address) Brookfield, Mo
4425

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District No. 11
District File Number 839-939
Date Filed AUG 2 1939

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank L. Smiley
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Frank L. Smiley

Licensed Embalmer No. 470

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.)