LED JUN 17 1940

No. 2
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17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17752

Registration District No. 978 Primary Registration District No. 500R Registrar's No. 103

1. PLACE OF DEATH:

(a) County: Adair County Liberty Twp

(b) City or town: 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 ? (Specify whether years, months or days)
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Freeman Elwood McKee

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Mary Ellen

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: August (Month) 11 (Day) 1857 (Year)

8. AGE: Years 82 Months 8 Days 27 If less than one day hr. min.

9. Birthplace: Don't know (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: On farm

FATHER
12. Name: James McKee
13. Birthplace: Don't know (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Margaret McCullough
15. Birthplace: Don't know (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant: Ezhel Moore
(b) Address: Green Castle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Grove Cemetery

18. (a) Signature of funeral director: Glenn E. Kent
(b) Address: Green City Mo

19. (a) May 12 40 (Date received by local registrar) (b) Stephen L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1940 hour 8 o'clock minute P M.

21. I hereby certify that I attended the deceased from March 27, 1940 to May 4, 1940 that I last saw alive on May 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration 6 yrs

Due to: ✓

Due to: ✓

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings: None
Of operations:

Of autopsy: None

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: H. T. Garrison (M. D. or other)
Address: Novinger Mo Date signed 5-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1255
Date Filed JUN 13 1940

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City M

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

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