

FILED JUN 22 1940

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

18873

Do not use this space.

1. PLACE OF DEATH

(a) County..... Lawrence Registration District No. 470
 (b) Township..... W. Vernon Primary Registration District No. 5633 Registered No. 571
 or
 City..... (d) Street No.
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ezzie May McGee

(a) Residence, No. Rural Mt. Vernon, 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harrison McGee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1885</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>1</u>
	DAYS <u>12</u>	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. <u>Housewife</u>	
	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) <u>Lawrence Co. Mo.</u>		
FATHER	13. NAME <u>S. L. Hooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Elizabeth Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Harrison McGee</u> <u>Mt. Vernon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner</u>	DATE <u>May 19, 1940</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Joseph Brumfield</u> <u>Mt. Vernon, Mo.</u>		
20. FILED <u>5-18</u> , <u>1940</u> P. A. <u>HOLMES</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to May 15, 1940
 I last saw her alive on May 12, 1940. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
myocardial degeneration
 Date of onset 1938

Other contributory causes of importance:
none

Name of operation none Date of.....
 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) W. J. Sibley M. D.
 (Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 640-1374

Date Filed JUN 30 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 Mr H D Fossett

Licensed Embalmer No. 2720

P. O. Address Mt Vernon

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.