No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22402

Registration District No. 11

Primary Registration District No. 5812

Registrar's No.

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Seneca 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: 40 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: North of Seneca - 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: Alexander Henderson McGehee

3. (b) If veteran, name war:

3. (c) Social Security No. 486-01-8732

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Myrtle

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: Apr. (Month) 18 (Day) 1887 (Year)

8. AGE: Years 53 | Months 1 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Stone County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer - Quarry Worker

11. Industry or business: Tripoli

FATHER
12. Name: Joe McGehee
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Susan Helms
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: X Ralph McGehee
(b) Address: Seneca, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Seneca, Mo. Cem.

18. (a) Signature of funeral director: [illegible]
(b) Address: Seneca, Mo. 545

19. (a) June 1, 40 (Date received local registrar) (b) Merle Sparkie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1940 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan. 23, 1940, to May 19, 1940, that I last saw him alive on Apr. 26, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic endocarditis with hypertrophy of heart	
Due to: Not known	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Oscar R. Sale (M. D. or other)
Address: Neosho, Mo. Date signed 5/22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 740-2362
Date Filed JUL 12 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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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.