

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28383

Registration District No. SEP 24 1940

Primary Registration District No. 4152

Registrar's No. 58

1. PLACE OF DEATH:
(a) County DAVIES
(b) City or town JAMESPORT
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME RIVERIOUS DELBERT MCGAHEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 27 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 - 9 27 hr. min.

9. Birthplace GALESBURG ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARM

MOTHER FATHER
12. Name SAMUEL MCGAHEY
13. Birthplace Union Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name ABBEAL BRACKEN
15. Birthplace Union Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marcel Curran
(b) Address Jamesport, Missouri
17. (a) Buried (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Magnum Cemetery, Jamesport, Mo

18. (a) Signature of funeral director Raymond Adkins
(b) Address Trenton, Mo.
19. (a) 9-26-40 (b) Nelle Wales
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DAVIES
(c) City or town JAMESPORT
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 24th
year 1940 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Aug 21
1940, to Aug 24, 1940
that I last saw him alive on Aug 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia Duration 3 days

Due to Cerebral softening
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
§ 2 D

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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? 22 D
(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature F. B. Barley (M. D. or other) DO
Address Jamesport Mo Date signed 9-26-40

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. 11,
District File Number _____
Date Filed _____

Resd. Old age Pension

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 _____

Robert B. Davis
working under my personal supervision.

Registered Apprentice No. *212*

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Trenton, 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.