

Registration District No. 724

Primary Registration District No. 5574

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jefferson, Mo.
(b) City or town Hillsboro 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 15 (Specify whether years, months or days)

8. (a) PRINT FULL NAME DELLA MCKEEN

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 23 1925
(Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Hillsboro Mo. (City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business _____

MOTHER FATHER
12. Name James McKee
13. Birthplace Hillsboro Mo. (City, town, or county) (State or foreign country)
14. Maiden name Emma Wohlsh
15. Birthplace Hillsboro Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James McKee

(b) Address Hillsboro Mo.

17. (a) Burial (b) Date thereof Aug. 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro

18. (a) Signature of funeral director W. G. Dettich

(b) Address Desoto Mo.

19. (a) 10-8-40 (b) Jeneva Donnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Hillsboro Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (5 mi west of Hillsboro)
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1940 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from aug. 12 1940 to aug 12 1940; that I last saw her alive on aug. 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 18 mo.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? 381

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. V. McKinstry (M. D. certified)

Address Edwards, De Soto, Mo. Date signed 8/14/40

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

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 _____

Francis R. Dietrich, Registered Apprentice No. 258
working under my personal supervision.

Signed Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dedoto 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.