

Registration District No. 5344 Primary Registration District No. 5344 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Winston Mo. 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)
In this community most of life
years, months or days

3. (a) PRINT FULL NAME Walter R. Mc Fee

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, Married
6. (b) Name of husband or wife Mae Mc Fee 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 6 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Geo. Mc Fee

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Lottie Lynch

15. Birthplace Do Not Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Mc Fee

(b) Address Altamont Mo. R.F.D.1

17. (a) burial (b) Date thereof Aug 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winston Mo. Cem.

18. (a) Signature of funeral director E. M. Gallatin

(b) Address Gallatin Mo.

19. (a) 8-20-40 (b) Mrs. G. T. Packer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Daviess
(c) City or town Altamont Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.1 two miles south
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day Aug
year 1940 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Dec 17 1939 to Aug 2-40
that I last saw him alive on July 29-1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma
Encephaloid
Due to Mandibular
Tromatocera
Due to _____

Other conditions ✓ (Includes pregnancy within 3 months of death) 531

Major findings: ✓
Of operations _____
Of autopsy ✓

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) 275
While at work? _____ (e) Means of injury _____

23. Signature Ray S. Neal (M. D. or other) ✓
Address Gallatin, Mo Date signed 8-11-40

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *C. M. Jorner*

Licensed Embalmer No. 3453

P. O. Address Galatin 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.