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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6350

MAR 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 230

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 303 Hammond Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 303 Hammond St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Leona V. McKee

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife FRANK C.

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

7. Birth date of deceased July. (Month) 18. (Day) 1894 (Year)

8. AGE: Years 46 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Williams Brown
13. Birthplace Denver (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah (Unknown)
15. Birthplace Denver, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Eldon McKee
(b) Address 303 Hammond Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Mrs E. R. Sidenfadem
(b) Address 602 South 10th Street

19. (a) Feb 25/1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1941 hour 9 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Feb 24, 1941, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Pernicious anemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

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? 85 (Specify type of place)

While at work? (e) Means of injury 5

23. Signature H. F. Mundy (M. D. ~~or other~~) Coronary

Address 404 So 3d st. Date signed 2/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Sidenfaden, Registered Apprentice No. 145 working under my personal supervision.

Signed R. V. West

Licensed Embalmer No. 3876

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.