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23157

MAR 14 1941

Registration District No. 204

Primary Registration District No. 3013

State File No. _____

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 323 E 7th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME LOUIS RAYMOND MCGEE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edith McGee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name William McGee

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

14. Maiden name Edie Huff

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. R. McGee

(b) Address 323 E 7th St Cameron

17. (a) Burial (b) Date thereof Feb 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richard Anders

18. (a) Signature of funeral director John C. Allen
(b) Address Cameron Mo

19. (a) 2/21/1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 323 E 7th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 - 1941
year _____ hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Substant death

Due to Arteriosclerosis ?

Due to _____

Other conditions ? None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy none

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

23. Signature [Signature] (Specify type of place) _____
Address Clinton Mo Date signed Feb 20 41

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

MOTHER FATHER

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.....

Lyle C. Allen

Licensed Embalmer No. *824*

P. O. Address *Cameron 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, fact should be so stated above.