V. S. No. 2
M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6899

FILED MAR 19 1941

Registration District No. 295 — Primary Registration District No. 5412 — Registrar's No. 23

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

36
0
0

**1. PLACE OF DEATH:**

(a) County Franklin

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

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 80 Years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Franklin 36

(c) City or town Sullivan, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

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

3. (a) PRINT FULL NAME James McKean.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

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 November 23, 1860
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 2 | 11 | ____ hr. ____ min. |

9. Birthplace Franklin Co. 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name JOHN MCKEAN
13. Birthplace ARGO, MISSOURI 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mahala Booter
15. Birthplace Pennsylvania. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chleo Key
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof Feb. 9, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crow Cemetery

18. (a) Signature of funeral director Chas. P. Choffer
(b) Address Sullivan, Mo.

19. (a) 2-8-41 (b) O. Proctor
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 4
year 1941 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 31 1941, 19__, to Feb 4, 1941;
that I last saw him alive on Feb 3, 1941;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Lobar Pneumonia | 5 days |
| 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature P. P. Royse (M. D. or other) 0
Address Sullivan Mo Date signed ____

(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 Me

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

working under my personal supervision.

Signed Edgar W. Lafleur

Licensed Embalmer No. 2394

P. O. Address Sullivan Me

**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.**