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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7723

State File No. _____

MAR 20 1941 25-
Registration District No. _____

Primary Registration District No. 3031

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 1109 E 1st St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 27-8-21 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1109 E 1st 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Julia McKee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1941 hour 8 minute 30 A.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife George Leo McKee

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 3 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 18th, 1941, to Feb 24, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

27 8 21 — hr. — min.

Immediate cause of death Pulmonary Tuberculosis 7 yrs

Duration

Due to _____

Due to _____ 12 P

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

9. Birthplace Maryville MO U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm Earl McKinney

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

14. Maiden name Bearl Middleton

15. Birthplace Maryville MO U
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant George Leo McKee

(b) Address Maryville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 26-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Maryville Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Maryville Mo

19. (a) 2-25-41 (Date received local registrar) (b) Thames E. Clardy (Registrar's signature)

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? 556 (Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature G E Cassin (M. D. or other) Q

Address Maryville Mo Date signed _____

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.....

W. Dean Campbell, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.