

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8689

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2099

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1.0 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jeral James McGhee
3. (b) If veteran, name war no
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 single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 30, 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 5 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Jeral L. McGhee
13. Birthplace Leper Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dora Brown
15. Birthplace Carroll Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jeral L. McGhee
(b) Address Leper Mo.

17. (a) Leper (b) Date thereof Mar. 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leper

18. (a) Signature of funeral director Wm. Gish
(b) Address Midway Mo.

19. (a) MAR 5 1941 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carters
(c) City or town Leper
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4
year 1941 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2 - 23
1941, to 3 - 4, 1941;
that I last saw him alive on 3 - 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous MENINGITIS
lungs not involved

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Chronic Otitis Media, Chronic Cervical Sinus

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

23. Signature John L. M. ... (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

Duration 18 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Norman W. Gish

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Norman W. Gish

Licensed Embalmer No.....

3387

P. O. Address.....

Piedmont 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.