No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9881

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 87

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

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town KIRKSVILLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COMMUNITY NURSING HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YEAR 3 DAYS (Specify whether years, months or days)
In this community 1 YEAR 3 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State IOWA (b) County CLAY 999
(c) City or town SPENCER (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.? 2 years.

3. (a) PRINT FULL NAME JUNE ELIZABETH McGEE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KENNETH McGEE
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased JUNE (Month) 9 (Day) 1918 (Year)

8. AGE: Years 22 Months 9 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace MONETA (City, town, or county) IOWA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —
FATHER
12. Name CLYDE UTLEY
13. Birthplace HANCOCK Co (City, town, or county) ILL. (State or foreign country)
MOTHER
14. Maiden name ELIZA RICHARDSON
15. Birthplace GIFFORD (City, town, or county) MO (State or foreign country)
16. (a) Informant Clyde Utley
(b) Address Spencer Ia
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation HUMESTON, IOWA
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) March 17/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day seventeenth year 1941 hour ten minute ten A.M.
21. I hereby certify that I attended the deceased from June third, 1940 to March 17, 1941; that I last saw her alive on March 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Acute dilatation of the heart
Due to Multiple Sclerosis
Other conditions None. (Include pregnancy within 3 months of death)
Major findings: Of operations No operation
Of autopsy No autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. R. Schultz (M. D. or other) D.O.
Address 100 N Wabash, Kirksville Date signed 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-809
Date Filed APR 14 1941

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 Harold H. Hugal

Licensed Embalmer No. 4076

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.