No. 2
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X23159

FILED MAY 13 1941

Dr. Freeman

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14588

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 363

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1515 W. Thoman (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1515 W. Thoman (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James T. McKee
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased June (Month) 21 (Day) 1851 (Year)

8. AGE: Years	Months	Days	If less than one day
89	10	8	hr. min.

9. Birthplace Greene County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Contractor

FATHER
12. Name John McKee
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sarah Elrod
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. J. J. Garner
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brick Church Cem.
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 5-1-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1941 hour 10 minute p. M.
21. I hereby certify that I attended the deceased from Oct 20, 1940 to April 29, 1941 that I last saw h alive on 4/29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis	Duration
Due to Senility	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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 J. T. Freeman (M. D. or coroner)
Address Springfield Mo Date signed 4/30/41

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2457

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.