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DEPARTMENT OF COMMERCE **FILED JUN 16 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. 17880  
Registrar's No. 76

Registration District No. 935

Primary Registration District No. 5457

1. PLACE OF DEATH:  
(a) County Dreux  
(b) City or town Walnut Grove Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 71 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dreux 39  
(c) City or town Walnut Grove (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 70 years years.

3. (a) PRINT FULL NAME Andrew McEbnell McMehe  
3. (b) If veteran, name war 2c  
3. (c) Social Security No. 740

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 30  
year 1941 hour 7 minute 15 a. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura D. McMehe  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased April 16 (Month) 1860 (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 11 1941 to Mar 29 1941;  
that I last saw him alive on Mar 29 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 11 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Burr, P.O. Ontario 26 avenue (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation farmer  
11. Industry or business General farming

MOTHER FATHER { 12. Name James McMehe  
13. Birthplace Ontario 26 avenue (City, town, or county) (State or foreign country)  
14. Maiden name Hannah McEbnell  
15. Birthplace 26 avenue (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Laura D. McMehe  
(b) Address Walnut Grove

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 \_\_\_\_\_

17. (a) Burial (b) Date thereof March 30 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Turkey Creek Cemetery

18. (a) Signature of funeral director James Barr  
(b) Address Walnut Grove 295  
19. (a) 3-31-41 (Date received local registrar) (b) Colla B. McMehe (Registrar's signature)

23. Signature J. Barber MD (M. D. or other) 3/31/41  
Address Walnut Grove Mo Date 3/31/41

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

RECEIVED

Greene County Health Office,

County File Number 41-6-74

Date Filed 6-13-41

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 Gene A. Brund

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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.