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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29645

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 249

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Westwood Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr 8 mo 25 dy (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lawrence

(c) City or town: Rural (If outside city or town limits write "RURAL")

(d) Street No.: County Infirmary (If rural give location)

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

3. (a) PRINT FULL NAME: James McGee

3. (b) If veteran, name war: Not Known

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Not K

6. (c) Age of husband or wife if alive: Not Kn years

7. Birth date of deceased: May (Month) 28th (Day) 1858 (Year)

8. AGE: Years 83 Months 2 Days 14 If less than one day hr. min.

9. Birthplace: Not Known (City, town, or county) G (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: John McGee

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

MOTHER 14. Maiden name: Mary Southerland

15. Birthplace: Not Known (City, town, or county) G (State or foreign country)

16. (a) Informant: State Hospital Records

(b) Address: Nevada, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Hospital cemetery

18. (a) Signature of funeral director: Berry Funeral Home

(b) Address: Nevada Mo

19. (a) 8-12-41 (Date received local registrar) (b) Allen V. Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1941 2 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from August 24th, 1941, to August 11th, 1941; that I last saw him alive on August 11th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Psychosis

Due to:

Due to:

Other conditions: C.P. Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: No

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: G. S. Warick (M. D. or other)

Address: State Hospital No 3 Nevada Date signed 8/11/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1586
Date Filed 9-4-41

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 Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.