

FILED OCT 24 1941

State File No. _____

Registration District No. 144

Primary Registration District No. 5207

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Carter
 (b) City or town Leeper Jackson Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Leeper Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this Community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter
 (c) City or town Leeper
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ira McGhee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept 20 1892
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 22 hr. min.

9. Birthplace Carter Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Andrew McGhee
 13. Birthplace Wayne County
 (City, town, or county) (State or foreign country)

14. Maiden name Ann Lizzie Clayburn
 15. Birthplace Carter County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Atwood Brown
 (b) Address Leeper Missouri

17. (a) Burial (b) Date thereof 9-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owl Wood

18. (a) Signature of funeral director Greer Croy
 (b) Address Poplar Bluff, Missouri

19. (a) 9-18-41 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
 year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 15 1941 to Sept 12 1941;
 that I last saw him alive on Aug 15 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 3 mo
 Due to Coronary Arteriosclerosis 4 mo

Due to _____
 Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations _____ Of autopsy _____
 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?

23. Signature P. J. Smith (Specify type of place) (a) Means of injury _____
 Address Poplar Bluff Mo (M. D. or other) _____ Date signed 9/12/41

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

RECEIVED

District Health Officer No. 5,

District File Number 10411994

Date Filed _____

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.....

P. O. Address.....

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

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

S-31292-1941