S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1817

Primary Registration District No. 5131

Registrar's No. 8

12

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL (Poplar Bluff Ln)
(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 67 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. 14 Mi NW POPLAR BLUFF
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES ALEXANDER McGHEE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTHA McGHEE

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAR (Month) 6 (Day) 1874 (Year)

8. AGE: Years 67 Months 10 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace WAYNE CO (City, town, or county) MO (State or foreign country)

10. Usual occupation SCHOOL TEACHER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MELISSA HANIBAL
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha McGhee
(b) Address RFD #1 Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Duncan Cem, Wayne Co.

18. (a) Signature of funeral director H. T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 1-16-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13 year 1942 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1941 to Jan 17, 1942 that I last saw him alive on Dec 20, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cerebral~~ apoplexy cerebral	2 Yrs
Due to Did not see [illegible]	
Due to [illegible]	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83a1

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. Lee Harwell (M. D. or other)

Address Poplar Bluff Mo Date signed 1/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-123
Date Filed 1-27-42

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 M. P. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.