

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1942

Registration District No. 951

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 45-17

State File No. 19224

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Dumplings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JACOB NEWLIN Mc GEE

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
7. Birth date of deceased Aug 26 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John McKee
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth White
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Byron McKee
(b) Address Harris Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harris Mo

18. (a) Signature of funeral director PK Payne
(b) Address Harris Mo

19. (a) May 14 - 1942 (b) Mrs. Sadie Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 12-21 to 5-4, 1938
that I last saw him alive on 5-4, 1938
and that death occurred on the date and hour stated above.

Immediate cause of death Functional Heart Disease Heart Block
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) Cause of injury _____
23. Signature H. C. Weston (M. D. or other)
Address Harris Mo Date signed 5-12-42

1183

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1946

JUL 16 1946

RECEIVED
District Health Officer No. 10
District File Number 6-42-1252
Date Filed JUN - 9 1942

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.....

DR Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.