22099

S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 744 Primary Registration District No. 5976B Registrar's No. 48

89
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray Richmond Twp
(b) City or town Rural Georgeville
(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 30 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL") 1
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EPPA McBEE

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Emma McBee
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March (Month) 11, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	28	hr. min.

9. Birthplace Braymer, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name John McBee
13. Birthplace Unknown, (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Holder
15. Birthplace Unknown, (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Emma McBee
(b) Address Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Missouri
18. (a) Signature of funeral director E. Thurman
(b) Address Richmond, Missouri
19. (a) 6-11-42 (Date received local registrar) (b) Mrs. Chas. Wilhegard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1942 to June 9, 1942 that I last saw him alive on June 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage	4 hrs
Due to Arterial Hypertension	unknown
Due to Intestinal Influenza	4 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John R. Crank (M. D. or D.O.)
Address Braymer, Mo. Date signed 7-11-42

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-14-42

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, ~~XXX~~

, Registered Apprentice No.

working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.