

FILED AUG 19 1942

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 91

94
0
0

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town St. Francois (Rural)
(c) Name of hospital or institution: State Hospital No. 42
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 6 mos. 24 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 94
(c) City or town Kennett 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ADAM MCGEE
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13th
year 1942 hour 8 minute 05 P. M.
21. I hereby certify that I attended the deceased from 12-16-40
19 to 7-13-42 19
that I last saw h. im alive on 7-13-42 19
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive Unknown years
9th 1866
(Month) (Day) (Year)

Immediate cause of death General paralysis of Durae about 1939?
(of brain)
Due to _____

8. AGE: Years 65 Months 7 Days 4 If less than one day _____ hr. _____ min.

Diagnosed Ten Art-sclerosis with slight hypertension heart dis 2 yrs
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer and stock dealer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations None
Of autopsy No 308

MOTHER FATHER {
11. Industry or business _____
12. Name James Adam McGee
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Nevels
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant State Hospital No. 4 Records
(b) Address Farmington, Missouri
17. (a) Burial (b) Date thereof July 15 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield, Mo
18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington, Missouri
19. (a) July 15, 1942 (b) Byrdie Burkhalter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence NO
(c) Where did injury occur? NO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2 _____ (Specify type of place) _____
While at work? () Means of injury _____
23. Signature G. TIVIS GRAVE, JR. (M. D. or other) M. D.
Address Farmington, Mo. Date signed 7-14-42

1196

RECEIVED

District Health Officer No. 4
District File Number 843-989
Date Filed 8-10-42

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..... *C. Hugo Cozart*

Licensed Embalmer No. 4087

P. O. Address Farmington, 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.