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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26671

State File No.

Registration District No. 73

Primary Registration District No. 3006-5118

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 818 Range Line / 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10 2 4

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

(d) Street No. 818 Range Line
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES WESLEY McGHEE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Stella Roberts

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

7. Birth date of deceased 8 (Month) 6 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	25	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name Henry A. McGhee
13. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Joe Ella Sewell
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Chas. W. McGhee
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parkers F. Service
(b) Address Columbia, Mo.

19. (a) 7-2-1942 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1942 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from 7-7, 1942 to 7-1-, 1942
that I last saw him alive on 7-1-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate — Duration 2 yrs

Due to —

Due to —

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

51 b

Major findings:
Of operations X
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? X (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 0

23. Signature F B Williams (M. D. ~~or other~~)
Address Columbia Mo Date signed 7-2-42

1250 (Licensed Embalmer's Statement on Reverse Side)

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 W. H. Van Deventer

Licensed Embalmer No. 2494

P. O. Address Columbia, 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.