

FILED OCT 17 1942 76

Registration District No. 767

Primary Registration District No. 3635-285

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town mt. Vernon R. R.  
(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 lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town mt. Vernon R. R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME W. R. McGehee

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

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced mt

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 1 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Josiah McGehee  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan E. Helm  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Knowles McGehee

(b) Address mt. Vernon Mo

17. (a) Burial (b) Date thereof 9 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summit

18. (a) Signature of funeral director H. D. Fassett

(b) Address mt. Vernon Mo

19. (a) Oct 42 (b) Luddy Coughlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 5  
1942, to Sept 25 1942  
that I last saw him alive on Sept 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to 93rd  
Due to \_\_\_\_\_

Other conditions valvular heart disease 2 years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 P. A. Holmes (M. D. or other)  
Address mt. Vernon Mo Date signed 9-29-42

Duration 4 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1242-1451

Date Filed OCT 6 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 Mrs H. D. Fassitt  
Licensed Embalmer No. 2720  
P. O. Address Mt. Vernon, W

**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.**