

FILED NOV 13 1942

Registration District No. _____

Primary Registration District No. 3130

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Bushville P.P.
(c) Name of hospital or institution Home Health Care
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life Time years, months or days)

3. (a) PRINT FULL NAME Sarah Mariah McGee

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.S. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 1 1956
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Blount Co Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name St. Carpenter

13. Birthplace Albany N.Y. (City, town, or county) (State or foreign country)

14. Maiden name Hoyle Perrowe

15. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Rubert McGee

(b) Address Bushville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42
(Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Lawson & Blount

(b) Address Atchison Tenn

19. (a) 10/3/42 (Date received local registrar) (b) Opal E. Danner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Bushville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. P.P. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1942 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 12 1942 to Oct 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to agw

Due to _____

Other conditions g30
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Sharp (M.D. or other) _____

Address Bushville Mo Date signed 10/28/42

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

11
0
0

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

W.F. Schubiger

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

W.F. Schubiger

Licensed Embalmer No. 3113-

P. O. Address Atkinson N.H.

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, above space should be left blank.