

S. No. 2
(-1-4-41
. 5-17-39
P-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36914

State File No.

FILED DEC 3 1942
Registration District No.

Primary Registration District No. 3012

Registrar's No. 177

24
1
1

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crowley Apartments 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community about 46 years..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Annie Caroline McKee

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

4. Sex Female / race W 5. Color or
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife William McKee 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased April 18 - 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 3 hr. min.

9. Birthplace Lancaster Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name George P Dale
13. Birthplace Beuth England
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Judenberg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary C McKee
(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 11-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Mo.

19. (a) 11-21-42 (b) Mrs Eddie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1942 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1940
..... 19..... to Nov 21 1942 19.....
that I last saw her alive on 1942 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
.....
Duration 3 yrs +

Due to generalized arteriosclerosis and hypertension 510 per
Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 930

Major findings: Of operations.....
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?

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

23. Signature C. Richard (M. D. or other)
Address Excelsior Springs, Mo Date signed 11/21/42

RECEIVED

District Health Officer No. 8,

File Number

Filed 12-2-42

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..... *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Excelsior Spgs, M.*

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.