

FILED FEB 13 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 4

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2  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Nodaway

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

(d) Street No. 310 South Main  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.....

3. (a) PRINT FULL NAME Frank Alvin McKee

3. (b) If veteran, name war.....

3. (c) Social Security No. 488-14-2714

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14  
year 1943 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11-3-42 to 1-14-43  
1942, to 1-14 1943  
that I last saw him alive on 1-14 1943  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Leona Jane McKee

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 1 1867  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

75 5 13 hr. min.

9. Birthplace Harmony Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Policeman

Other conditions Generalized arterio-sclerosis  
(Include pregnancy within 3 months of death) Senility

Major findings:  
Of operations.....

Of autopsy.....

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

11. Industry or business.....

MOTHER FATHER

12. Name John McKee

13. Birthplace Newcastle Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Malissa Casteel

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

16. (a) Informant Mrs Kay Hall

(b) Address Rockport Missouri

17. (a) Burial (b) Date thereof 1-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Marionville Mo

19. (a) 1-16-43 (b) Mary Coile  
(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).....

(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) Month of injury.....

23. Signature Jess E. Egle (M. D. or other) 79-0

Address Marionville, Mo. Date signed 1/16/43

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**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..... *William Campbell* .....

Licensed Embalmer No..... *2620* .....

P. O. Address..... *Maripulle Me.* .....

**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.