V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18669

State File No.

FILED MAY 20 1943

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 124

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 E 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 501 E 3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — O

3. (a) PRINT FULL NAME Benjamin Franklin McGee
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male O
5. Color or race white
6. (a) Single, widowed, married, divorced O single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 15 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Pettis Co. (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Farm Laborer
11. Industry or business
FATHER
12. Name Ben McGee
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Ransdel
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant N. T. Nelson
(b) Address Sedalia Route 6
17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 9 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) 4-9-43 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7 year 1943 hour minute M.
21. I hereby certify that I ~~[illegible]~~ found body of the deceased from on 4=7, 1943, to , 19 ; that I last saw h — alive on — , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Died very suddenly from history Coronary Sclerosis

Due to

Due to

Other conditions — (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations —
Of autopsy —

Duration

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? — (Specify type of place)
While at work? (e) Means of injury —
23. Signature W. T. Bishop Coroner (M. D. or other)
Address Sedalia Mo 3 Date signed 4=9=43

1822

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 5-19-43

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 H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.