

20756

No. 2
5-42
17-39
X32877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 23 1943

Registration District No. 4

Primary Registration District No. 4028

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Liberal
(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 _____

3. (a) PRINT FULL NAME Louisa Alice McKee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from 5/5/43
_____ 19____ to 5/13/43 1943;
that I last saw her alive on 5/13/43 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Michael K. McKee

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 10 1866
(Month) (Day) (Year)

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

77 3 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name 9

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

14. Maiden name _____

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

16. (a) Informant Michael K. McKee

(b) Address Liberal, Mo.

17. (a) Burial (b) Date thereof 5-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakton

18. (a) Signature of funeral director Mae A. Berkey

(b) Address Mulberry, Kansas

19. (a) may 17/43 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. G. Eddleman (M. D. or other) _____
Address Liberal, Mo. Date signed 5/17/43

126 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Sanitary Health Officer No. 6,

District File Number 643-691

Date Filed JUN 2 1948

JUN 28 1948

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.....

Max A. Berkey

Licensed Embalmer No. 2943

P. O. Address.....

Mulberry House

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.

Registration District No. 14

Primary Registration District No. 4028

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

3. (a) PRINT FULL NAME Louise Alice McKee
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Feb 10 1912
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ If less than one day _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____
MOTHER FATHER { 12. Name Mr. A. Miller Pa.
13. Birthplace _____
14. Maiden name Charlotte Smallhairst
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 5/17/43 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

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

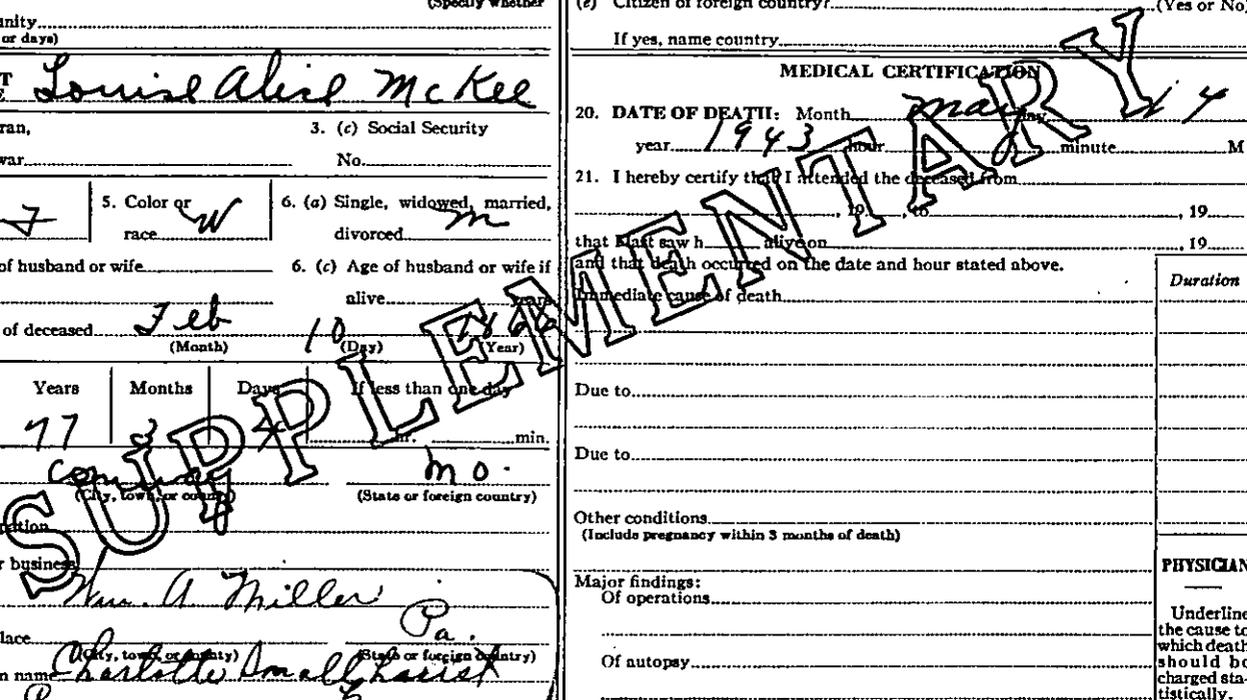
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



20756