

S. No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24405

Side File No.

Registrar's No.

FILED AUG 5 1943

Registration District No. 02

Primary Registration District No. 1008

1008

815

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph mo
(c) Name of hospital or institution:
921 N. 12th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph MO
(If outside city or town limits, write "RURAL")
(d) Street No. 921 N. 12th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID LEE MCKAHAN

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

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

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

7. Birth date of deceased June 11 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 24 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St Joseph mo MO
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Joseph Lee M. McKahan

13. Birthplace Chin Springs Ark
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Thomas

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

16. (a) Informant Joseph L M. McKahan

(b) Address Lawrence mo

(c) Place: burial or cremation Lawrence mo

18. (a) Signature of funeral director J. Fred Terhune

(b) Address Lawrence mo

19. (a) 6-12-43 (b) W. H. Heger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from June 11 1943 to June 13 1943
that I last saw him alive on June 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
(about 7 1/2 months)

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: 159
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 _____
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) (c) Means of injury _____

23. Signature S. P. Lewis MD (M.D. or other)
Address St Joseph Mo Date signed 7-13-43

(Licensed Embalmer's Statement on Reverse Side)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

V.
501

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.....

Licensed Embalmer No.....

P. O. Address.....

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.