

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 12 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34599
Do not use this space.

1. PLACE OF DEATH
(a) County Linn Registration District No. 103
(b) Township Smith Rural Primary Registration District No. 5417 Registered No. 26
(c) City, Smith Rural (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ALBERT LUTHER MCKEE
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harv. McKee</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1871</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>6</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn County Linn</u>				
FATHER	13. NAME <u>Amos McKee</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn County Linn</u>			
MOTHER	15. MAIDEN NAME <u>Kelsey James</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn County Linn</u>			
17. INFORMANT <u>Ellie Nell McKee</u> (ADDRESS) <u>Smith Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty</u> DATE <u>10-9-43</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. T. Emery, Jr.</u> <u>Warnerville Mo.</u>				
20. FILED <u>10-9-43</u> <u>Linden B. Perkins</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 7, 1943</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15, 1943</u> to <u>Oct 7, 1943</u> I last saw h. alive on <u>Oct 7, 1943</u> Death is said to have occurred on the date stated above, at <u>5 AM</u> . The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage 1-40</u> <u>Third hemorrhage 6-43</u> <u>Hypertension</u> Other contributory causes of importance: <u>830!</u>	
Name of operation _____ Date of _____	Date of onset <u>1-40</u>
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Ray H. Bonds</u> M. D. (Address) <u>Warnerville Mo.</u>	

RECEIVED

District Health Office No. 2,

District File Number 1143-1408

Date Filed 11-11-43

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.....

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, above space should be left blank.