

No. 2
4-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35759**

FD OCT 30 1943

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2411**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Admitted 10-23-43**
(Specify whether
In this community **-**
years, months or days)

3. (a) PRINT FULL NAME **McKEE, James E.**

3. (b) If veteran, name war **W.W. #1** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed.**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **August 5, 1886**
(Month) (Day) (Year)

8. AGE: Years **57** Months **2** Days **21** If less than one day **-** hr. **-** min.

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

10. Usual occupation **Farmer.**

11. Industry or business **Farming**

12. Name **William E. McKee,** Missouri (City, town, or county) (State or foreign country)

13. Birthplace **Lucia Agnes Ryan,** Missouri (City, town, or county) (State or foreign country)

14. Maiden name **Lucia Agnes Ryan,** Missouri (City, town, or county) (State or foreign country)

15. Birthplace **Lucia Agnes Ryan,** Missouri (City, town, or county) (State or foreign country)

16. (a) Informant **Act. Cl. Clerk,** (b) Address **V.A.F., Jeff. Brks., Mo.**

17. (a) **Burial** (b) Date thereof **10/28/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Festus, Missouri**

18. (a) Signature of funeral director **Hoppe Und. Co.,** (b) Address **St. Louis, Missouri.**

19. (a) **OCT 29 1943** (b) **E. J. McHarran, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **50**
(c) City or town **Festus** (If outside city or town limits, write "RURAL") **3**
(d) Street No. **131 North 6th St.,** (If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **26th**
year **1943** hour **10:55 PM** minute **-** M.

21. I hereby certify that I attended the deceased from **Oct. 23,** 19**43** to **October 26,** 19**43**
that I last saw him alive on **October 26,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary arteriosclerotic heart disease, with myocardial damage, auricular fibrillation and xxx myocardial insufficiency.** Duration **Unkn.**

Due to **myocardial insufficiency.**

Due to **Nephritis, chronic with edema.** Duration **Unkn.**

Other conditions **Nephritis, chronic with edema.** (Include pregnancy within 3 months of death)

Major findings: Of operations **No** Of autopsy **No** **B1a**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **No**
(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? **131 North 6th St., Festus, Mo.**

23. Signature **L. M. COCHRAN, M.D.,** (M. D. or other) **Chief Medical Officer.** Date signed **10-27-43.**
Address **-**

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

NOV 27 1968

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.....

working under my personal supervision.

O.I

Registered Apprentice No.....

Signed

Albert G. Happe

Licensed Embalmer No. 2971

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.