

FILED NOV 18 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000 1009

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural Wilson Twp  
(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 25 yrs \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town Rural Wilson Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. Adair Rd Wilson Twp  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Scotland

3. (a) PRINT FULL NAME Alexander McKee

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

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

6. (b) Name of husband or wife Margaret McKee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 24 - 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Scotland \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Williams McKee

13. Birthplace Scotland \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Brown

15. Birthplace Scotland \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche McKee  
(b) Address Wicks, Mo

17. (a) Rural (b) Date thereof Oct 25 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zalata, Mo.

18. (a) Signature of funeral director A. S. Christie  
(b) Address Zalata, Mo.

19. (a) 10/30/43 (b) Mrs. J. P. Wagner  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 22  
1943, to Date of Death 1943  
that I last saw him alive on Oct 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Extreme age + lowered resistance

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 111C

Of autopsy \_\_\_\_\_

Duration 3 days

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 A. M. Humphrey (M. D. or other) MD  
Address Brashear, Mo Date signed 10-26-43

