

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 68495

FILED JAN 10 1944  
Registration District No. 124

Primary Registration District No. 4208

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Cainsville  
(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 70 Years years, months or days)

3. (a) PRINT FULL NAME Charlotte McBee

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased January 13 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>22</u>	hr. _____ min.

9. Birthplace Decatur County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER

12. Name Iserial McBee

13. Birthplace Granger County Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Hamilton

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

16. (a) Informant Mrs. Clyde Stevens

(b) Address Ridgeway, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Cainsville, Missouri.

19. (a) 12-8-43 (Date received local registrar) (b) S. P. Shaw (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Cainsville  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Feb 1  
1943 to Dec 5 1943

that I last saw her alive on Dec 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Water engorged  
Cardiac Hypertrophy  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 9502

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 \_\_\_\_\_

(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. S. Duff (M. D. or other) 1111  
Address Cainsville, Missouri Date signed 12/6/43

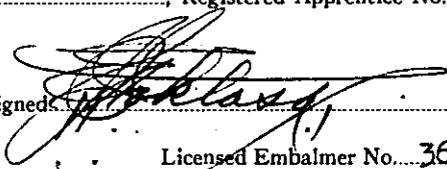
---

---

**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, by.....

..... Eddie J. Stoklasa ....., Registered Apprentice No.....  
working under my personal supervision.

Signed:  .....

Licensed Embalmer No. 3602.....

P. O. Address Cainsville, Missouri.

**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.**