S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2885

State File No. 2885

FILED FEB 10 1944

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 88

39 2 6

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 736 E. Cherry (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days) In this community: 77 years

2. USUAL RESIDENCE OF DECEASED: 39
(a) State: Missouri (b) County: Greene 9
(c) City or town: Springfield, (If outside city or town limits, write "RURAL") 6
(d) Street No.: 736 E. Cherry (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Ernest C. McAfee
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth McAfee
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: April (Month) 9, (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 78	9	15	hr. min.

9. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Attorney at Law
11. Industry or business:
FATHER 12. Name: Charles B. McAfee
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Martha E. Richey
15. Birthplace: Richey, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Ruth McAfee
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 28, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 1-28-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day ~~26~~ 24 year 1944 hour 8:00 minute P.M.
21. I hereby certify that I attended the deceased from no physician in attendance, 19, to, 19, that I last saw h. alive on, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic bronchitis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Over operation
Major findings: Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work? No (e) Means of injury: 3
23. Signature: Norman C. Stone Coroner (M. D. or other)
Address: Springfield, Mo. Date signed 1-28-44

984 (Licensed Embalmer's Statement on Reverse Side)

FEB 16 1948

FEB 10 194

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 Lewis G. Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield Mo.

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.