

FILED FEB 7 1944

Registration District No. **138**

Primary Registration District No. **55-257**

Registrar's No. **1**

1. PLACE OF DEATH:
 (a) County **HICKORY**
 (b) City or town **QUINCY**
 (c) Name of hospital or institution: **Montgomery J. V**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **50 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **HICKORY**
 (c) City or town **QUINCY**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JAMES PYRANT MC GEE**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN.** day **4**
 year **1944** hour **3** minute **A. M.**

4. Sex **MALE** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **JULIA ANN MCGEE**
 6. (c) Age of husband or wife if alive **82** years
 7. Birth date of deceased **JUNE 15 - 1859**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1**
1944, to **Jan 3** **1944**
 that I last saw him alive on **Jan 3** **1944**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Barium poisoning**
 Duration **3 days**

8. AGE: Years **84** Months **6** Days **19**
 If less than one day _____ hr. _____ min.

Due to **Acute Cardio Vascular Renal disease**
 Due to **Severe Debility**

9. Birthplace **SHAWNEE TOWN, ILL**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **FARMER**

Major findings: Of operations **12/a**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **PYRANT MCGEE**
13. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)
14. Maiden name **MARIETTA SMITH HERBERT**
15. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)

16. (a) Informant **JOHN MCGEE**
 (b) Address **QUINCY, MISSOURI**

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? _____ (e) Means of injury **?**

17. (a) BURIAL (b) Date thereof **1-6-1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **BUTCHER CEMETRY**

18. (a) Signature of funeral director **GILBERT HATHAWAY**
 (b) Address **WHEATLAND, MISSOURI**
19. (a) Jan 7-44 (b) **Mary J. Lovelace**
 (Date received local registrar) (Registrar's signature)

23. Signature **P. D. Beilin** (M. D. or other) **plc.**
 Address **Permitting M.D.** Date signed **Jan 4 1944**

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

43
0
0

Licensee Search Order No. 7,

District File No.

1-44-22

Date Filed

2-2-44

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

Chas Gilbert Fitzhaway

Licensed Embalmer No.

4267

P. O. Address

Wheatland, 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.