

FILED FEB 16 1944

Registration District No. 2

Primary Registration District No. 3007

Registrar's No. 404A

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 35
(c) City or town Malden - rural
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard Everett McGee

3. (b) If veteran, name war no 3. (c) Social Security No. 489-263424

4. Sex male 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 x years

7. Birth date of deceased. March 12 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 10 16 hr. min.

9. Birthplace Malden Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business self

12. Name William McGee

13. Birthplace Lutesville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Beata Conrad

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

16. (a) Informant William McGee

(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof 1-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery Malden Mo

18. (a) Signature of funeral director Ray Anderson

(b) Address Malden, Missouri

19. (a) 1-31-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1944 hour minute 1.2 M.

21. I hereby certify that I attended the deceased from January 26, 1944 to January 28, 1944
that I last saw alive on January 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 Days
Rheumatic fever 5 yrs
with cardiac dysrhythmia

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 108
Of operations
Of autopsy

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? (Specify means of injury)
23. Signature W.A. Anderson (M. D. or other)
Address Poplar Bluff Mo Date signed 1-31-44

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

12
7
3

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 94-336

Date Filed 2-12-44

FEB 18 1944

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 J. J. Schuman
Licensed Embalmer No. 4086
P. O. Address Malden

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.