S. No. 2
4—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21564

Registration District No. 123 Primary Registration District No. 5458 Registrar's No. 20

**1. PLACE OF DEATH:**

(a) County Greene

(b) City or town Walnut Grove Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None Walnut Grove Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 15 years last time spent greater part of life here

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

(c) City or town Walnut Grove Mo. 0
(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 (1)

3. (a) PRINT FULL NAME James A. McMehen

3. (b) If veteran name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Perry McMehen

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July (Month) 31 (Day) 1872 (Year)

8. AGE: Years 71 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Walnut Grove, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Stockman & Merchant

11. Industry or business General Farmer & Merchant

FATHER
12. Name James McMehen
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet McConnell
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Nellie McMehen

(b) Address Walnut Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Gene A. Brum

(b) Address Walnut Grove Mo.

19. (a) 6/27/1944 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 24 year 1944 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 10th, 1938, to June - 23, 1944 that I last saw him alive on June - 23, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | 6 hrs |
| Due to Cerebral Hemorrage | 6 mo |
| Due to Anemia | 10 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

83a!

Major findings:
Of operations No operation.
Of autopsy None No 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? (e) Means of injury

23. Signature J. S. Barbour M.D. (M. D. or other)

Address Walnut Grove Mo Date signed 6/24/44

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 44-7-52
Date Filed 7/6/44

**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 Gene A Brown

Licensed Embalmer No. 766 P

P. O. Address Walnut Grove 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.**