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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37597  
Registrar's No. 07

FILED DEC 12 1944

Registration District No. 22

Primary Registration District No. 0356

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Loughane rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilson Hsp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community Life \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Dallas <sup>30</sup>

(c) City or town Loughane rural  
(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 EDITH GEORNA MCKEE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 44 hour \_\_\_\_\_ minute 33A M.

21. I hereby certify that I attended the deceased from Nov 10 1944 to Nov 12 1944  
that I last saw her alive on Nov 11 1944  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R. E. McKeel

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

7. Birth date of deceased June 13 1880  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion <sup>3da's</sup>

Due to Aytrio Sclerosis <sup>DK</sup>

Due to Chronic Nephritis <sup>DK</sup>

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

8. AGE: Years 64 Months 4 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Yale See 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 121b

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Thomas Hills

13. Birthplace unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Phelita Spence

15. Birthplace unknown <sup>A</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. McKeel <sup>1</sup>

(b) Address Loughane Mo

17. (a) Burial (b) Date thereof 11-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Home

18. (a) Signature of funeral director R. B. Jones

(b) Address Buffalo Mo

19. (a) Nov 29 1944 (b) Joe A. D. Howe  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. B. Blummer (M. D. or other) MD  
Address Buffalo Date signed 11-28-44

REG

11-44-1409

12-11-47

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**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 Marie B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.**