

FILED JAN 10 1945
Registration District No. 128

Primary Registration District No. 2000

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:
O'Reilly General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 122 days
 In this community 122 days
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Leavenworth
 (c) City or town Linwood (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES M. MCKEE
 (b) If veteran, name war WORLD WAR II
 (c) Social Security No. AMK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
 year 1944 hour 8 minute 35 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife None
 (c) Age of husband or wife if alive XX years
 7. Birth date of deceased: April 17, 1919
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 20 August 1944 to 19 December 1944
 that I last saw him alive on 19 December 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>34</u>	<u>8</u>	<u>3</u>		hr. min.

Immediate cause of death Meningitis, non-epidemic (Freidlander's), acute
 Duration 1 wk.
 Due to Brain abscess, multiple 5 mos.

9. Birthplace Burlingame Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Due to Wound, gunshot, incurred in action against the enemy, 14 June 1944, in France.
 Other conditions Spastic hemiplegia.
 (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Farming
 12. Name Roland H. McKee
 13. Birthplace Aledo Illinois
 14. Maiden name Olive B. Marshall
 15. Birthplace Eau Claire Wisconsin

Major findings: Brain abscess 196
 Of operations _____
 Of autopsy Confirmation of above diagnoses.
 Underline the cause to which death should be charged statistically.

16. (a) Informant R. H. McKee
 (b) Address Lanwood Kansas Rd.
 17. (a) Removal Lawrence, Kansas (b) Date thereof Dec. 21, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) in action against the enemy.
 (b) Date of occurrence 14 June 1944
 (c) Where did injury occur? in France
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Unknown

18. (a) Signature of funeral director W. H. Solomon
 (b) Address Springfield Mo.
 19. (a) 12-26-44 (b) B. W. Handy
 (Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) Gunshot
 Means of injury _____
 23. Signature William H. Head
 Address Key St. Springfield, Mo. Date signed 12/21/44

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

29
7
6

"A Report submitted to the Bureau of the Census."

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.....

H. S. McCann

Licensed Embalmer No.....

7727

P. O. Address.....

458 E. Walnut

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.

X