

**FILED MAR 5 1945**  
 Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 155

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2234 Doniphan Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Noty  
(Specify whether years, months or days)  
 In this community 66 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2234 Doniphan Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Henry Mc Kee  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month February day 6, year 1945 hour 6 minute 20 p. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Izetta McKee  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased March 8 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19 to Feb 6, 1945  
 that I last saw him alive on Feb 6, 1945  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 84 Months 10 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Myocarditis (Chronic)  
 Due to Hypertension  
 Due to Hypertension

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Shipping Clerk

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

**MOTHER FATHER**  
 12. Name Thomas McKee  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Seward  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations None  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Izetta McKee  
 (b) Address 2234 Doniphan St., St. Joseph, Mo.  
 17. (a) Burial (b) Date thereof 2/8/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ashland Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Walter Meierhoffer  
 (b) Address 1302 Baragon St., St. Joseph, Mo.  
 19. (a) 2/9/45 (b) Walter J. Galle  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature W. J. Galle (M. D. or other)  
 Address Central St. J. Date signed 2/9/45

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

OCT 21 1948

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.....

*Albert E. Harrington*

Licensed Embalmer No...3258...Missouri

P. O. Address...St. Joseph, Missouri

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.