. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17205

State File No. 17205

FILED JUN 11 1945

Registration District No. 1 2 6

Primary Registration District No. 2001

Registrar's No. 234

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2215 Empire Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 2215 Empire Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Leetie McBee
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: John G. McBee
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: October 24, 1872 (Month) (Day) (Year)
8. AGE: Years 72 | Months 6 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace: Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business ____
FATHER 12. Name: Robert Beeler
FATHER 13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Penelope Shelton
MOTHER 15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Cecil McBee
(b) Address: 1719 Pearl, Joplin, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial Park
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Missouri
19. (a) 5-21-45 (Date received local registrar) (b) Gertrude Sudkatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 19 year: 1945 hour: 5 minute: 50 A M.
21. I hereby certify that I attended the deceased from May 18 1945 to May 19 1945 and that I last saw him alive on May 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block	1½ hrs
Due to: Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? ____ (e) Means of injury ____
23. Signature: H. L. Cerlbur (M. D. or other)
Address: Joplin Mo Date signed: 5-21-45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-5-446

100.

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.