

No. 2
5-42
5-17-39
X32873

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20109

REC JUL 11 1945
Registration District No. 64

Primary Registration District No. 5256

Registrar's No.

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

1. PLACE OF DEATH: Chariton
(a) County: Sumner (Rural) Cumminsham
(b) City or town: Cumminsham
(c) Name of hospital or institution: Cumminsham Hosp
(d) Length of stay: In hospital or institution: 72 yrs
In this community: 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton
(c) City or town: Sumner - Rural
(d) Street No.: 21
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Martha Jane McKee
3. (b) If veteran, name war: No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27th year 1945 hour 4:30 minute 6 M.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: 2
6. (c) Age of husband or wife if alive: years

21. I hereby certify that I attended the deceased from June 24 to June 27 1945 that I last saw her alive on June 24 1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Aug 6th 1850
8. AGE: Years 94 Months 10 Days 21

Immediate cause of death: Hypertensive congestion of lungs and exhaustion due to hyperemesis on June 22 1945
Duration: Underline the cause to which death should be charged statistically.

9. Birthplace: Fort Wayne, Ind
10. Usual occupation:

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy:

11. Industry or business:
12. Name: William H Field
13. Birthplace: Fort Wayne, Ind
14. Maiden name: Matilda Stoner
15. Birthplace: Fort Wayne Ind

PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Frank Clark
(b) Address: Sumner Mo.
17. (a) Burial (b) Date thereof: 6/28/45
(c) Place: burial or cremation: Lakeside Cemetery
18. (a) Signature of funeral director: Mendon Ho.
19. (a) June 18 46 (b) Martha Clark

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: A. Lewis (M. D. or other)
Address: Sumner Mo Date signed: 6/27/45

1355

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2/10/45

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

L. L. Dupard

Licensed Embalmer No.

3970

P. O. Address

Mendon M

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. July
Registrar's No. _____Registration District No. 66Primary Registration District No. 5256

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town Rural Cunningham
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Martha J. McKee3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced wid6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Aug 6
(Month) (Day) (Year)8. AGE: Years 94 Months 2 Days 2 If less than one day
hr. _____ min. _____9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Martha Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 27
year 1945 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

5-20109