S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20533

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1401 S. Pope
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural (Independence, Mo.)
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 S. Pope Blue Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha Arine McGee

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas B. McGee

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

7. Birth date of deceased Feb. (Month) 8 (Day) 1876 (Year)

8. AGE: Years 69 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Moscow (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER 12. Name Harrison Ballew

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mrs. Lydia Nickles

(b) Address 1401 Pope St. Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. M. Collier

(b) Address 11103 Winner Rd. Independence Mo.

19. (a) 5-16-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1945 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 11th, 1945, 19..., to May 14th, 1945, 19 45; that I last saw her alive on May 14th, 1945, 19...; and that death occurred on the date and that hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	18 Hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocardial Degeneration	?

Major findings:
Of operations
Of autopsy 108

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No Injury (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] D.O. (M. D. or other)

Address Independence, Missouri Date signed 5-16-45

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address Independence, 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.