S. No. 2
4-13-40
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42001

Registration District No. 207 Primary Registration District No. 4379 Registrar's No. ~~[illegible]~~ 193

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Pickering
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(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 43 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Pickering
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Ransom McKee
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Ella McKee
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Nov (Month) 14 (Day) 1860 (Year)

8. AGE: Years 85 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Clerk in Merchandise
11. Industry or business
MOTHER FATHER
12. Name William Reed McKee
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Cynthia Roberts
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant W. E. McKee.
(b) Address Pickering Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Pickering
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo
19. (a) 1-3-46 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th year 1945 hour 4 minute 25 M.
21. I hereby certify that I attended the deceased from not attended, 19..., to ..., 19...; that I last saw him alive on not seen, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated hernia — Duration 1 wk
Due to congestive heart failure
Due to
Other conditions (Include pregnancy within 3 months of death) 12 yrs
Major findings:
Of operations no operations
Of autopsy none

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 L. E. Dean — Coroner (M. D. or other) MD
Address Maryville Mo Date signed 1-2-46

1577 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

**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 W. Klean Campbell

Licensed Embalmer No. 2620

P. O. Address Marysville 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.**