S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

242

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2237

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 3

(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Clarence McGhee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura McGhee

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept (Month) 25 (Day) 1870 (Year)

8. AGE: Years 75 Months 3 Days 6 If less than one day hr. min.

9. Birthplace White Co (City, town, or county) Del 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew J. McGhee
13. Birthplace White Co (City, town, or county) Del 1 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Laura McGhee
(b) Address Kennett, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Piggott Cem

18. (a) Signature of funeral director W. H. Isby
(b) Address Rector, Ark

19. (a) 2-9-46 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1946 hour 3 minute 24 A.M.

21. I hereby certify that I attended the deceased from Sept 1945 to Jan 31 1946 that I last saw him alive on Jan 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac failure	1 da
Due to Chronic Myocarditis	1 yr
Due to Primary Anemia	1 yr

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 D. L. Knickert (M. D. or other) M.D.

Address Poplar Bluff, Mo Date signed 2/2/46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 246-222
Date Filed 2-13-46

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 John R. Casner

Licensed Embalmer No. 2912

P. O. Address Rector, Ark

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.