

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 27

5 1946

Registration District No. **27** Primary Registration District No. **3005**

1. PLACE OF DEATH:
 (a) County **Bates**
 (b) City or town **Butler**
(If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: **Commercial Hotel**
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Bates**
 (c) City or town **Butler**
(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 _____

3. (a) PRINT FULL NAME **James Fulton McKee**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **492-140563**

4. Sex **M** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **3**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **9-1-1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	5	24	hr. _____ min.

9. Birthplace **Bates Co. Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired farmer**

11. Industry or business
 12. Name **J. J. McKee**
 13. Birthplace **no record Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Huffman**
 15. Birthplace **no record Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James F. McKee**
 (b) Address **Perry, Oklahoma**
 17. (a) **Burial** (b) Date thereof **3-1-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oakhill Cemetery**

18. (a) Signature of funeral director **BOOTH FUNERAL HOME**
 (b) Address **BUTLER, MISSOURI**
 19. (a) **2-28-46** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **25** year **1946** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Due to _____
 Etiology **no signs of diabetes had been clear about 24 hrs.**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operation **found dead on floor of his room - 946**
 Of autopsy **no - 946**

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 **2-25-46**
 (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?
died in hotel room - 3
(Specify type of place)
 (e) Means of injury **John Bliniewicz corner**
 23. Signature **John Bliniewicz** (M. D. or other) _____
 Address **Butler, Missouri** Date signed **2-26-1946**

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

17

OCT 18 1946

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. A. Bell

Licensed Embalmer No.

2174

P. O. Address

Butler 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.