

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 15 1946  
Registration District No. 99

Primary Registration District No. 5375

Registrar's No. 29

1. PLACE OF DEATH:

(a) County: He Kalb  
(b) City or town: Weatherby Rural Dallas  
(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 about 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: He Kalb  
(c) City or town: Weatherby Rural  
(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: Stevens Whitley McFee

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: Widowed  
6. (b) Name of husband or wife: Emma McFee 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: Feb 23 - 1864  
(Month) (Day) (Year)

8. AGE: Years: 82 Months: 1 Days: 20 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Daviness Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

11. Industry or business: retired Farmer

MOTHER FATHER

12. Name: Samuel McFee  
13. Birthplace: not known  
(City, town, or county) (State or foreign country)  
14. Maiden name: not known  
15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: Cecil Smith

(b) Address: Weatherby Mo.

17. (a) Burial (b) Date thereof: 3-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Alta Vista Cemetery

18. (a) Signature of funeral director: W. L. Brown

(b) Address: Pattonburg Mo.

19. (a) Rec'd 3-46 (b) J. P. Davidson  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 13  
year: 1946 hour: 1:50 minute: 0 P. M.

21. I hereby certify that I attended the deceased from Nov 6 1945 to March 13 1946  
that I last saw him alive on March 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility  
Senile Dementia (Four months)

Due to: 9

Due to: \_\_\_\_\_

Other conditions: arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 97

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: ○

23. Signature: Fred W. Wilson (M. D. or other) \_\_\_\_\_

Address: Winston Mo Date signed: 3/14/46

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

32  
4  
0

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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 Isa L. Gromer.

Licensed Embalmer No. 3022

P. O. Address Pattonburg 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.**