S. No. 2
M—2-43
. 5-17-39
I X35897

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

12572

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13596

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 722 N. Byers Ave 5
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruby McKee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife Donald C. McKee

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

7. Birth date of deceased August (Month) 6 (Day) 1897 (Year)

8. AGE: Years 48 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Webster City (City, town, or county) Iowa (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name W. E. Whitham
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Comerson
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Donald C. McKee
(b) Address 722 N. Byers Ave

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar 8-46 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Joplin~~ Webster City, Iowa

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri.

19. (a) 9-8-46 (Date received local registrar) (b) Billie Pearson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 6 day
year 1946 hour 5 minute 12 a M.

21. I hereby certify that I attended the deceased from March 39 19, March 6 1946 19; that I last saw her alive on March 6 1946 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute acidosis	3 days
Due to multiple sclerosis.	six yrs
Due to	
Other conditions none (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) No.
(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 (M. D. or other)
Address Frisco Bldg., Joplin, Mo Date signed 3/7/46

138 (Licensed Embalmer's Statement on Reverse Side)

46-3-267

APR 17 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 Carl A. Harnhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.