No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE AND ADMINISTRATION
BUREAU OF VITAL STATISTICS

FILED MAY 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15379

Registration District No. 325' Primary Registration District No. 4479 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queencity Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community Four Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Seward 999

(c) City or town Liberal Kansas 14
(If outside city or town limits, write "RURAL")

(d) Street No. 417 W. Second St. 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Henry Irvin McBee

3. (b) If veteran, name war No None

3. (c) Social Security No.

4. Sex Male d

5. Color or race White

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

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Mar. (Month) 12 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
56	1	00	hr. min.

9. Birthplace Near QueenCity (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Implement Dealer,

11. Industry or business Same

FATHER
12. Name Henry C. McBee
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Tarr
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle McBee
(b) Address 417 W 2nd St Liberal, Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Creek Coffeyville Kansas

18. (a) Signature of funeral director Wm H West,
(b) Address Queencity Mo

19. (a) Apr 13—46 (Date received local registrar) (b) Mrs. C. J. Drake. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 46 hour 3.15 A.M. minute M.

21. I hereby certify that I attended the deceased from Examined after death, 1946, 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	Duration
Chronic Dilitation of heart.	
Due to	
Due to	
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 C. A. Hinchcliff D.O. (M. D. or other) D.O.
Address Coroner Schuyler Co Date signed 4-15-46

353 (Licensed Embalmer's Statement on Reverse Side) Glenwood, Mo.

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

RECEIVED
District Health Officer No. 10
District File Number 5-46-918
Date Filed MAY 14 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 Self

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm N West

Licensed Embalmer No. 2882

P. O. Address Iveleucity 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.