

FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 168

Primary Registration District No. 3030

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Elizabeth Mc Kee

3. (b) If veteran, name war..... 3. (c) Social Security No. -

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Phillip Mc Kee 6. (c) Age of husband or wife if alive..... years

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

8. AGE: Years 75 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name William Green
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Coleman
(b) Address Festus Mo

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Victoria Cem.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.

19. (a) June 3 1946 (b) Reena Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1
1946 to May 31 1946
that I last saw h. SL alive on May 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to hypertension & arteriosclerosis

Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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 H. S. Vinyard (M. D. or other)
Address Festus, Mo. Date signed 6/3/46

Duration 10 min
Physician 5 yrs
Underline the cause to which death should be charged statistically.

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

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.....
F. L. Stuyard

Licensed Embalmer No. *3010*

P. O. Address.....
Festus 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.