S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26855 ✓

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 714

1. PLACE OF DEATH:

(a) County Green

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

(c) Name of hospital or institution: St. John's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1½ days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk 84

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #2 Bolivar Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Louella McGee

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife W. E. McGee

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 22 (Day) 1875 (Year)

8. AGE: Years 71 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Dallas County (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Riley Ware
13. Birthplace UNK. (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Eliza Tummell
15. Birthplace UNK. (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant W. E. McGee
(b) Address Rt 2, Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Barren Creek Cem.

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar Mo.

19. (a) 8-29-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1946 hour 8 A.M. minute A.M.

21. I hereby certify that I attended the deceased from Aug 26, 1946, to Aug 28, 1946 that I last saw her alive on Aug 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right heart failure	6 hrs
Due to Pneumonia - Rt lung	10 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

109B

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 0

23. Signature H. P. Moodux (M. D. or other)

Address Springfield, Mo. Date signed 8/28/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3053.....

P. O. Address.....Bolivar 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.