

FILED **OCT 23 1948** **STANDARD CERTIFICATE OF DEATH**

State File No. **33277**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **825**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1203 W. Scott Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **16 Years**
years, months or days)

3. (a) PRINT FULL NAME **Marguerite Luena M^cGee**

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

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

6. (b) Name of husband or wife **Paul M^cGee** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Sept. 20 1906**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 0 21 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charlie Gamble**

13. Birthplace **Missouri**
(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 **W. Paul M^cGee**

(b) Address **1203 W. Scott**

17. (a) **Rural** (b) Date thereof **10 15 '48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Memorial**

18. (a) Signature of funeral director **W. P. Campbell**

(b) Address **805 Washington Ave.**

19. (a) **10-14-48** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1203 W. Scott Str.** **6**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11**
year **1944** hour **6:15** minutes **AM**

21. I hereby certify that I attended the deceased from **Aug** 19**44** to **Oct 11** 19**46**
that I last saw **alive on Oct 5** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Coronary disease of heart. Arteriosclerosis. Paroxysmal frequent attacks of Angina.**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy **gpa**

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 **Walter Sewell** (M. D. or other) **MD**
Address **Springfield Mo** Date signed **10-13-48**

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 W.P. Campbell

Licensed Embalmer No. 1747

P. O. Springfield 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.