

FILED NOV 19 1946

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Registration District No. **42**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Missouri Methodist Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days**  
**60 Years** (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //  
(c) City or town **St Joseph** /  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2915 Jule St.** 7  
(If rural, give location)  
(e) Citizen of foreign country? **No** 0  
(Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Elsworth Roy Mc Gee**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None State**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Ida B.**  
6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **November 7 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 0 3** hr. min.

9. Birthplace **Morrell Kansas** /  
(City, town, or county) (State or foreign country)

10. Usual occupation **Musician & Barber**

MOTHER FATHER { 11. Industry or business

12. Name **Joseph McGee** /

13. Birthplace **Kansas** /  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Marion**  
15. Birthplace **Kansas** /  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ida B. McGee**

(b) Address **St Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **11-19-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Fleeman & Son, Inc.**  
**St Joseph, Mo.**

(b) Address  
19. (a) **Nov. 15, 1946** (Date received local registrar)  
(b) **Jay Mann, Deputy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10**  
year **1946** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **1 Oct. 6**, 19**46**, to **Nov 10**, 19**46**;  
that I last saw h... alive on **Nov 10**, 19**46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Met. Carcinoma of liver** 9/46  
**(Recr.)**  
Due to **Carcinoma of rectum.** 3/46  
**(Primary).**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Same - (10/8/46)**  
**Calistony**  
Of autopsy **U.C.D.**

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 **Frank H. Hurdigan** (M. D. or other)  
Address **620 Dorcas** Date signed **11/14/46**

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

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**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, pro by

Registered Apprentice No.

working under my personal supervision.

Signed

*Robert H. Apple*

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.**