

Registration District No. 251 Primary Registration District No. 4318 Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County NO DAWAY
(b) City or town RAVENWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOME IN RAVENWOOD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Nodaway
(c) City or town Ravenwood
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME SAMUEL EDGAR MCKEE
3. (b) If veteran, name war World War I
3. (c) Social Security No. 0

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CARRIE MAY
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased OCT. 25 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 18
If less than one day hr. min. 0

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

10. Usual occupation CARPENTER

11. Industry or business —

MOTHER FATHER
12. Name JOHN MCKEE
13. Birthplace PENN.
(City, town, or county) (State or foreign country)
14. Maiden name MALISSIE CASTLE
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. S. E. MCKEE
(b) Address RAVENWOOD, MO

17. (a) BURIAL (b) Date thereof MAY 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RAVENWOOD, MO

18. (a) Signature of funeral director John Johnson
(b) Address Grant City, Missouri

19. (a) 5/17/47 (b) Keppel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13
year 1947 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 12
1947 to May 13 1947
that I last saw him alive on May 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cosying pneumonia
Duration —

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? 2

While at work? (Specify type of place) (e) Means of injury —

23. Signature B. P. Garton (M. D. or other) Do.
Address Idaaville Date signed 5/16/47

MAY 27 1947 DISTRICT HEALTH OFFICE
Cameron, Mo.
DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews*.....

Licensed Embalmer No. *4211*

P. O. Address. *Grant City 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.