S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21418

FILED JUL 10 1947

Registration District No. 155 — Primary Registration District No. 5579 — Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Purcell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Purcell (If outside city or town limits, write "RURAL")
(d) Street No. ---- (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Wesley McGee
3. (b) If veteran, name war none
3. (c) Social Security No. 500-05-8417
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Arnold McGee
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased October (Month) 6 (Day) 1887 (Year)

8. AGE: Years 59 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation miner
11. Industry or business ----
FATHER
12. Name George McGee
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country) /
MOTHER
14. Maiden name Louise Atwood
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country) /
16. (a) Informant Mrs. J. W. McGee
(b) Address Purcell, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 27-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Purcell Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) JUNE 27; 47 (Date received local registrar) (b) [signature] (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1947 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from 4-26 1947 to 6-25 1947; that I last saw him alive on 6-24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	6 hrs
Due to: Carcinoma (prostate)	4 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) 21
While at work? (e) Means of injury

23. Signature Glenn R. Oney (M. D. or other) D.O.
Address Alba MO Date signed 6-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-563

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 Frank W. Kiell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.