

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4035
State File No. _____
Registrar's No. 210

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Budweaver
(b) City or town St. Joseph
(c) Name of hospital or institution:
State Hospital No. 2
(d) Length of stay: In hospital or institution 11 months 8 days
In this community 11 months 8 days

3. (a) PRINT FULL NAME WILLIAM HARRY McVEY
3. (b) If veteran, name war UNK
3. (c) Social Security No. UNK

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha McVey
6. (c) Age of husband or wife if alive unknow years
7. Birth date of deceased 5-30-1875

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>12</u>	hr. min.

9. Birthplace Chillicothe Missouri

10. Usual occupation Farming
11. Industry or business Agriculture

MOTHER FATHER

12. Name William H. McVey
13. Birthplace Bonville Missouri
14. Maiden name Eloise Hester
15. Birthplace Chillicothe Missouri

16. (a) Informant Mrs. Bertha McVey
(b) Address Chillicothe Mo. R.F.D. #1
17. (a) Removal (b) Date thereof 2-13-48
(c) Place: burial or cremation Chillicothe Mo
18. (a) Signature of funeral director Stamley Funeral Home
(b) Address St. Joseph Mo
19. (a) 2-20-48 (b) G. S. Jenkins

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Rural
(d) Street No. R.F.D. #1
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 12 year 1948 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 7-3-1947 to 2-12-1948
that I last saw him alive on 2-12-1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 year
Due to arteriosclerosis 15 years
Due to _____
Other conditions Psychosis 1 year
Major findings: 93D
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature Forrest Thomas (M. D. _____)
Address State Hospital No. 2 Date signed 2-22-48
St. Joseph Mo
by Marrowby S. D.

APR 28 1954

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.....

John Roy Stamey

Licensed Embalmer No. *2435*

P. O. Address.....

St. Joseph

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: