S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5328

FILED FEB 25 1948

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Hazel Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD #4 Warrensburg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 60 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

(c) City or town Rural Hazel Hill 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD#2 Warrensburg Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James Henry McKee

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella Ewing

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July (Month) 10 (Day) 1869 (Year)

8. AGE: Years 78 Months 7 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James A McKee
13. Birthplace - (City, town, or county) Ky; (State or foreign country)

MOTHER
14. Maiden name Mary Belle Guynn
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. H. H. Shackelford
(b) Address Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. Feb. 14, 1948 (Date received local registrar) Savannah Quetzfield (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1948 hour 10 minute 30 p.M.

21. I hereby certify that I attended the deceased from 2 Feb 7, 1948, to Feb 12, 1948
that I last saw him alive on Feb 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1 yr
Due to	
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)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Warrensburg Mo. Date signed Feb 14, 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Phillips, Registered Apprentice No. 14, working under my personal supervision.

Signed J. Earl Prunt

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.