

FILED SEP 1 1948

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **269**

14
2
1

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

1. PLACE OF DEATH:

(a) County **ST FRANCOIS**

(b) City or town **BONNE TERRE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **BONNE TERRE HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 DAY**
(Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. FRANCOIS**

(c) City or town **ELVINS** **94**
(If outside city or town limits, write "RURAL")

(d) Street No. **NONE** **3**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **EARL S. MCGEE**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **493-03-8866**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **19**
year **1948** hour **8** minute **30p** M.

21. I hereby certify that I attended the deceased from **Jan 1**
19 **48** to **Aug 19** 19 **48**
that I last saw him alive on **Aug 19** 19 **48**
and that death occurred on the date and hour stated above.

4. Sex **MALE** **5. Color or race** **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **VIOLA MCGEE**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **MAY 14 1904**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** **1 1/2 hrs.**

8. AGE:	Years	Months	Days	If less than one day
	44	3	5	hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **WYTHE CO. VIRGINIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **MINER**

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business **ST. JOSEPH LEAD CO.**

12. Name **THOMAS DEWARD MCGEE**

13. Birthplace **CARROL CO. VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **NEATIE ELIZABETH MELTON**

15. Birthplace **CARROL CO. VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **VIOLA MCGEE**

(b) Address **ELVINS, MISSOURI**

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** **8/22/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **PARKVIEW FARMINGTON**

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? _____

18. (a) Signature of funeral director **Bert L. Boyer**

(b) Address **Leadwood, Mo.**

19. (a) 8-23-48 (Date received local registrar) **(b) Esther Rudloff** (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. Z. Foster** (M. D. or other) **MD**

Address **Seelye MO** **Date signed** **8/21/48**

District Health Officer No. 4
District File Number 848-109
Date Filed 8-31-48

AUG 23 1948

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.....

Licensed Embalmer No. 3441

P. O. Address Leadwood 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. . .