

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

1924

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4330</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST PRAIRIE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST PRAIRIE</u>		6 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 So. KIRKENDALL</u>				d. STREET ADDRESS (If rural, give location) <u>106 So. KIRKENDALL</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u>			b. (Middle) <u>WILLIAM</u>		c. (Last) <u>McGEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14 - 1949</u>	
5. SEX <u>Male (M)</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 31 1880</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>		11. BIRTHPLACE (State or foreign country) <u>CHARLESTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WILLIAM McGEE</u>			13b. MOTHER'S MAIDEN NAME <u>ROSE LOEBE</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE McGEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>FANNIE BRIGMAN - EAST PRAIRIE</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0027</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19 <u>49</u> , to _____, 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 14, 1949</u> , and that death occurred at <u>11:30</u> m., from the cause and on the date stated above.								
23a. SIGNATURE <u>AG Martin MD</u> (Degree or title)				23b. ADDRESS <u>E Prairie Mo</u>		23c. DATE SIGNED <u>1-24-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W.</u>		24d. LOCATION (City, town, or county) (State) <u>EAST PRAIRIE, MO.</u>		
DATE RECD BY LOCAL REG. <u>2-8-49</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		197 GENERAL DIRECTOR'S SIGNATURE <u>Travis Shelby</u>		ADDRESS <u>East Prairie, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1949

RECEIVED

District Health Office No. 7

District File Number 249...243

Date Filed 2-10-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

Travis Shelby

Signed _____
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.