FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 25 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4036

State File No.

Registration District No. 37 — Primary Registration District No. 4049 — Registrar's No. 6

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 409 South Jenkins St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Jenkins St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ORRA-POTTS McKAMEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William McKamey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 14 1864 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 28 If less than one day hr. min.
9. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Joshua Graham
13. Birthplace KY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret E Hall
15. Birthplace KY (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Dave P. Hulen
(b) Address Centralia Mo
17. (a) Burial + Removal (Burial, cremation, or removal) (b) Date thereof Feb 14 1949 (Month) (Day) (Year)
(c) Place: burial Fayette Hill Cty
18. (a) Signature of funeral director Kamey Jenkins
(b) Address Centralia Mo
19. (a) Feb 18 1949 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12 year 1949 hour 7 minute 48 P M.
21. I hereby certify that I attended the deceased from 2/11/49 19 to 19
that I last saw her alive on Feb 12 1949
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Senility	
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
23. Signature [illegible] M.D. (M. D. or other)
Address Centralia Mo. Feb + Sept 49

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

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 24 1949

APR 2 1949

APR 8 1955

MAR 23 1949

MAR 14 1949

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 [illegible]

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.