

FILED MAR 21 1949

STANDARD CERTIFICATE OF DEATH

7731

State File No.

No. 300
10-48

24

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

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 2012 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oaks Hotel</u>		d. STREET ADDRESS (If rural, give location) <u>S. Street Connor Hotel</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>DAVID</u> c. (Last) <u>McKee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 1st 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ciger Manufactory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ciger</u>	9. AGE (In years last birthday) <u>78</u>
11. BIRTHPLACE (State or foreign country) <u>Centerville Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander McKee</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Florence McKee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Logen A. McKee-Kirkwood Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac (insufficiency) insufficiency</u> ANTECEDENT CAUSES <u>Arricular Fibulation + Mitral Stenosis</u> DUE TO (b) <u>age 78</u> DUE TO (c) <u>112220</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 <u>June</u> , 1948, to <u>2-21-</u> , 1949, that I last saw the deceased alive on <u>2-21</u> , 1949, and that death occurred at <u>6:30 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John H. Hewitt UMD</u>		23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>2-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-24-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerville City</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville Iowa</u>
DATE REC'D BY LOCAL REG. <u>2/21/49</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	62	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope-Tenil Home Ex Springs Mo</u>

RECEIVED

District Health Officer No. 8, ...

District File Number

Date Filed

3-22-49

APR 5 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James G. Moler*

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.