No. 300
10-48

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

FILED MAR 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7732

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (in this place): 2 mos. 6 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp. Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: Sedgwick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wichita
d. STREET ADDRESS (If rural, give location): 1231 N. Erie

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): E.
c. (Last): McKee

4. DATE OF DEATH (Month) (Day) (Year): February 20, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 4, 1922

9. AGE (In years last birthday): 26 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contracting

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Des Moines, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harold McKee

13b. MOTHER'S MAIDEN NAME: Verla Mote

14. NAME OF HUSBAND OR WIFE: Catherine McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 480129157

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute and chronic — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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. Pulmonary tuberculosis — Unknown

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Dec. 15, *19* 48, *to* Feb. 20, *1949*, *that I last saw the deceased alive on* Feb. 20, *19* 49, *and that death occurred at* 7:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. A. Sprong — (Degree or title): M.D.

23b. ADDRESS: Excelsior Springs, Mo.

23c. DATE SIGNED: 2-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-21-49

24c. NAME OF CEMETERY OR CREMATORY: Glendale Cemetery

24d. LOCATION (City, town, or county) (State): Des Moines, Iowa

DATE REC'D BY LOCAL REG.: 2/20/49

REGISTRAR'S SIGNATURE: Caroline Hutchings

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25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hope Funeral Home, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 3-22-49

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.

Student .....
Student Embalmer

Signed J. A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs N

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.