

FILED MAR 6 1950 STANDARD CERTIFICATE OF DEATH

State File No. 4421

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 31

1352

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

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>715 North Everett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 No. Everett</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u> b. (Middle) <u>McBee</u> c. (Last) <u>McBee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 15 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 17, 1888</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Winston Co., Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown McBee</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Arthur McBee</u>		ADDRESS <u>Clayton Ind</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		ANTECEDENT CAUSES		48 hrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertension</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		4201	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Occlusion</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)		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>Feb 14</u> , 19 <u>50</u> , to <u>Feb 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 15</u> , 19 <u>50</u> , and that death occurred at <u>1:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert S. Green MD 11</u>		23b. ADDRESS <u>3038 East Kennett Mo</u>		23c. DATE SIGNED <u>2/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kennett Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Fanerak</u>		ADDRESS <u>Cardweh, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-22-1950</u>		REGISTRAR'S SIGNATURE <u>Earl H. ...</u>		90	

MAR 6 1950

MAR 9 1950

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-27-50
COUNTY FILE NUMBER 250-23

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 H.H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.