

FILED JUL 24 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24323

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Herrmannville, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herrmannville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>18 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar "Rural" Marion Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>George Bennett Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. Bolivar, Mo.</u> <u>0840</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>McGee</u>		c. (Last) <u>McGee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1883</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Massie</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret J. Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer McGee</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Richardson</u> ADDRESS <u>1275 Kansas Ave. K.C.K.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of Stomach</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES II. OTHER SIGNIFICANT CONDITIONS <u>151X</u>					
19a. DATE OF OPERATION <u>6/26/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach - metastatic in Liver</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>6/21</u> , 19 <u>50</u> , to <u>7-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-9</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE: <u>G. G. Robinson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Herrmannville, Mo.</u>		23c. DATE SIGNED <u>7/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Jordan per Jewell Jordan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Turpin Funeral Home</u>		ADDRESS <u>Bolivar, Mo.</u>	

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

DIVISION OF HEALTH OF MO.

District No. 1 - Springfield

RECEIVED JUL 21 1950

Dist. File 750-1858

Date Filed 7-21-50

STATEMENT BY LICENSED EMBALMER

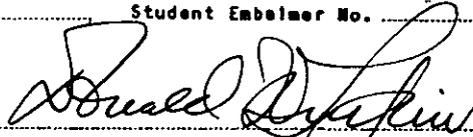
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.