

JAN 30 1941
Registration District No. 4

Primary Registration District No. 5672

Registrar's No.

1. PLACE OF DEATH:

- (a) County Linn
(b) City or town Enterprise Supp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

In this community 79 years.
years, months or days

(Specify whether

23. (a) PRINT
FULL NAMEMary Elizabeth Mc Ghee

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex
- Female

5. Color or
race white

6. (a) Single, widowed, married,
-
- divorced
- married

6. (b) Name of husband or wife

John H. Mc Ghee

6. (c) Age of husband or wife if

alive 82 years

7. Birth date of deceased

Oct. 1, 1861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79227

hr.

min.

9. Birthplace

Linn County

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Harrison Foster

13. Birthplace

Indiana

(City, town, or county)

Indiana

(State or foreign country)

14. Maiden name

Sarah Hayes

15. Birthplace

unknown

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant's own signature

M. E. McGhee

- (b) Address

Purdin, Mo.

17. (a)

Burial

- (b) Date thereof

12-30-40

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

Purdin, Mo

18. (a) Signature of funeral director

Rust Funeral Home

- (b) Address

Brookfield, Mo.

19. (a)
- 12-30-40

- (b)

(Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Linn
(c) City or town Enterprise Supp.
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi N.E. of Purdin
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 10
1939 to Dec 28 1940
that I last saw her alive on Dec 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

one day

Due to

Arteriosclerosis

Due to

Senility

Other conditions

(Include pregnancy within 6 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
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? 446
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature

J. J. J.

(M. D. or Chd.)

Address

Linn, Mo.Date signed 12-29-40

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.....

H. B. Wright

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43090

Registration District No. 497

Primary Registration District No. 5673

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Lebanon
(b) City or town Enterprise Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Mary Elizabeth McGhee

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 4

5. Color or
race W

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79

2

27

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2/20/41 (b) Mrs. B. Williams
(Date received local registrar) (Registrar's signature)

from Jefferson City

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____

(If outside city or town limits write "RURAL")

(d) Street No. _____

(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. L. Dixon (M. D. or other) _____

Address Linneus Date signed 2/20/41

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

SUPPLEMENTARY

S-43090