

FILED NOV 6 1945
Registration District No. 205

Primary Registration District No. 5578

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Duenweg *Toskenburg*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper *49*

(c) City or town Duenweg *0*
(If outside city or town limits, write "RURAL")

(d) Street No. nonda *0*
(If rural, give location) *6*

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Monroe McGee

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Male *0* 5. Color or race W.

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

6. (b) Name of husband or wife Betty Jane McGee

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

7. Birth date of deceased May 21 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 4 10 _____ hr. _____ min.

9. Birthplace Carrol Co. W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mbne Operator

11. Industry or business _____

MOTHER FATHER { 12. Name no data

13. Birthplace no data *4*
(City, town, or county) (State or foreign country)

14. Maiden name no data

15. Birthplace no data *4*
(City, town, or county) (State or foreign country)

16. (a) Informant Widow Betty J. McGee

(b) Address Duenweg, Mo.

17. (a) burial (b) Date thereof 10/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) Oct 4 1945 (b) Mrs. Lillie Sage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1945 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 23
1945 to Oct. 1 1945
that I last saw him alive on Sept 29th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage *12 dys*
Duration _____

Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2 *DO*

23. Signature M. Lewis (M. D. or other) *DO*
Address Carterville, Mo. Date signed 10-2-45

JUN 1 0 1948

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

Richard Gray Lewis, Registered Apprentice No. *365*
working under my personal supervision.

Signed *E. H. Hedge*
Licensed Embalmer No. *2859*
P. O. Address *Lebb City*

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.