

1935 JAN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43929
Do not use this space.

1. PLACE OF DEATH
(a) County Newton 3 Registration District No. 609
(b) Township Neosho 1 Primary Registration District No. 4363 Registered No. 130
(c) City Neosho (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Clarence McKee
(a) Residence, No. Cassville Missouri St. Cassville, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Catherine McKee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1892
7. AGE YEARS 46 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Missouri
13. NAME Grant McKee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb County Missouri
15. MAIDEN NAME Effie Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bancroft County Kentucky
17. INFORMANT (ADDRESS) Grant McKee Cassville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo. DATE 12/29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home Cassville, Missouri
20. FILED 12-27 1938 Anna R. Gale, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1938
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____
I last saw him dead on _____ 19____. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Fractured Skull (Frontal) Date of onset 7/19
Other contributory causes of importance:
Car overturned on curve in highway, driving to fast to make curve.
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 12-26, 1938
Where did injury occur? U.S. Highway #60, 10 mi west of Neosho - Newton, Neosho town, county, and State
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Car overturned on curve
Nature of injury Frontal fracture of skull
24. Was disease or injury in any way related to occupation of deceased? No
Also, specify Valley of Thompson Coroner M.D.
(Signed) J. Neosho Mo.
(Address) 542

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, R. J. Miller

....., or by

Registered Apprentice No., working under my personal supervision.

Signed R. J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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.