

REC FEB 25 1941

Registration District No. 376

Primary Registration District No. 5338

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wayne & Benton Twp
(b) City or town Osceola Mo
(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 6 yrs
years, months or days

3. (a) PRINT FULL NAME Chas. Grant McKee

8. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased 9-20-1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 16 hr. _____ min.

9. Birthplace Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Geo. McKee

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Paul Farris

(b) Address Osceola Mo

17. (a) 10 (b) Date thereof 1-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director Robert

(b) Address West Plains Mo

19. (a) 1-11-41 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Osceola Mo
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 41 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 1
1940 to Jan 6 1941
that I last saw him alive on 1-4-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma
Due to mitral valve leak

Other conditions 90
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? 3 11 11

(Specify type of place) _____
(e) Means of injury _____

23. Signature C. A. Beach (M. D. or other) MD
Address Elyah Mo Date signed 1-9-41

Duration 3 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

16
11

RECEIVED
District Health Officer No. 5,
District File Number: 277160 24/148
Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.