

20583

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 37

1. PLACE OF DEATH: Barton

(a) County: Barton

(b) City or town: Lamar, Mo.

(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: CHARLES ALEXANDER MCGEE

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: June 14 - 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 13 hr. _____ min.

9. Birthplace: Lamar, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name: James Truman McKee

13. Birthplace: Barton Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Funtley

15. Birthplace: Dade Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: James Truman McKee

(b) Address: Golden City, Mo.

17. (a) burial (b) Date thereof: June 15 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: 2004 Cem. Golden City, Mo.

18. (a) Signature of funeral director: E. L. Phillips

(b) Address: Golden City, Mo.

19. (a) 6-17-42 (b) Martha Ruver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton

(c) City or town: Golden City, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1942 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from Birth
(6-14- 1942, to 6-15- 1942,
that I last saw him alive on 6-15- 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia
(Pulmonary edema)

Due to: Cardiac weakness
& Respiratory failure

Due to: Bunch delivery to pleural cavity

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

Duration: 13 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: James A. Atkins (M. D. or other)

Address: Lamar, Mo. Date signed 6-15-42

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

Rev. 5-17-39

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.

RECEIVED

District Health Officer No. 6,

District File Number 742-963

Date Filed JUL 13 1942

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.