DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

Registration District No. 236

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24193

Primary Registration District No. 5322

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Dade Polk Twsp.

(b) City or town Everton Mo. #2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / Rural
(If not in hospital or institution, write street number or location)

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

In this community His life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Everton Mo Route 2
(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 0

3. (a) PRINT FULL NAME FELIX Hugh Mc Gee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male D

5. Color or race Wh.

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

6. (b) Name of husband or wife Wife Ellen Frances Wheeler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 23 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	23	hr. min.

9. Birthplace Everton Mo. #2 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Abner Mc Gee
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Adeline Hoyle
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leslie Mc Gee

(b) Address Everton Mo #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Cem

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield Mo.

19. (a) July 21 '42 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from ....., 1941, to June, 1942, that I last saw him alive on June 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Cardiac Decompensation	
Due to: Hypertrophy of Left Ventricle	
Other conditions (Include pregnancy within 3 months of death): 95 C	

Major findings:
Of operations none done
Of autopsy none held

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles H McHaffie (M. D. ~~or other~~) M. D.

Address Ash Grove Mo Date signed 6-30-42

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 6-17-39
X19511

RECEIVED
District Health Officer No. 6,
District File Number 8-42-1081
Date Filed AUG 11 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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, 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.