

FILED SEP 11 1942

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 131

74
1
2

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

1. PLACE OF DEATH: Nodaway

(a) County: Nodaway

(b) City or town: Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 121 S. Dewey /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 26 yrs.
(Specify whether years, months or days)

In this community: 26 yrs.

2. USUAL RESIDENCE OF DECEASED: 74

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

(c) City or town: Maryville, Missouri 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 121 S. Dewey 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Thomas Harvey McKee

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

3. (c) Social Security No. - - - - -

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Savillia M. McKee

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: July 30 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months - Days 26 If less than one day hr. - - - min.

9. Birthplace: New Castle, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: None

12. Name: John McKee

13. Birthplace: New Castle Pa Ireland /
(City, town, or county) (State or foreign country)

14. Maiden name: Melissa Casteel

15. Birthplace: New Castle, Pa /
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Tom McKee

(b) Address: Maryville Mo

17. (a) • Burial (b) Date thereof: Aug 29, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Carabony Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville Mo

19. (a) Aug 29, 1942 (b) Mary Coide
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 26 year: 1942 hour: 3 minute: P. M.

21. I hereby certify that I attended the deceased from 8/20 to 8/25, 1942, that I last saw him alive on 8/25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Cholesterol

Other conditions: 93 d.
(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?

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: D. J. Dylard (M. D. or other) 4460
Address: Maryville Mo Date signed: 8/27/42

Duration

1 mo
2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Clem M. Puni*

Licensed Embalmer No. *1822*

P. O. Address..... *Marysville, Me*

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.