

FILED DEC 13 1944

State File No.

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 165

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109  
(c) City or town Truesdale U  
(If outside city or town limits, write "RURAL") O  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
year 1944 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from 11/27 1944 to 11/25 1944  
that I last saw him alive on 11/25 and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic anemia Duration Zyr??

Due to leukemic leukemia ??

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: MH

Of operations  
Of autopsy Peritoneum & Pericenter nodes - sections taken 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?

While at work? (Specify type of place) (e) Means of injury MS  
23. Signature P. S. Sawyer (M. D. or other) MS  
Address Truesdale, Mo Date signed 11/25/44

3. (a) PRINT FULL NAME Floyd Orville McGee  
3. (b) If veteran, name war NO 3. (c) Social Security No. 498-14-5649

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Irene McGee 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Feb. 19, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 9 6 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Van McGee  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Mollie Kinder  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene McGee  
(b) Address Truesdale, Mo.

17. (a) Burial (b) Date thereof 11-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J. W. Nieburg & Co.  
(b) Address Warrenton, Mo.

19. (a) 11-25-1944 (b) Ernest S. Paul  
(Date received local registrar) (Registrar's signature)

1540

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

12-12-44

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, By.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John J. Lieburg

Licensed Embalmer No.....

3897

P. O. Address.....

Warrenton, 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, fact should be so stated above.**