

S. No. 2  
1-8-43  
5-17-39  
P 1 X3723

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40371**

**FILED JAN 14 1946**

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 23

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town Savannah  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Beck's Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 10 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ill (b) County Rock Island  
(c) City or town Rock Island Ill  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Parkhill McAfee  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret McAfee  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased March 25 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Parkhill McAfee  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Williams  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Winters  
(b) Address 1236 Glenhurst court

17. (a) \_\_\_\_\_ (b) Date thereof Rockland 22  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Island Ill

18. (a) Signature of funeral director E. G. Breit

(b) Address 12418 1/2 E. G. Breit

19. (a) 12/18/45 (b) L. L. Spear  
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1945 hour 4 minute 15 M.  
21. I hereby certify that I attended the deceased from Dec 8 -  
1945 to Dec 18 1945  
that I last saw him alive on Dec 17  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to failing compensation of heart  
Due to Cancer of lower lip & chin  
which was removed part of lip  
gone when treated  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Carcinoma of lower lip  
Of operations and chin  
Of autopsy \_\_\_\_\_

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 J. H. Manning (M. D. or other) \_\_\_\_\_  
Address Savannah Mo Date signed 12/18/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

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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 *E. C. Breit*.....

Licensed Embalmer No. *2650*.....

P. O. Address *Savannah 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.**