

FILED JUN 16 1948

Registration District No. 170

Primary Registration District No. 5628

Registrar's No. 65

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

1. PLACE OF DEATH: Laclede

(a) County Laclede

(b) City or town Rural Gasconade
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community 1 years

3. (a) PRINT FULL NAME Otis L. McGee

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased February 12, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Barber (retired)

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown (City, town, or county) (State or foreign country) 9

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Eva Kelly

(b) Address 4101 Roscoe Bl. Van Neys, Cal.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-8-48
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Av. St. Louis.

19. (a) 6-9-48 (Date received local registrar) (b) Louis B. Lippert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Brownfield, Rural Route (If rural, give location) 0

(e) Citizen of foreign country? ? (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1948 hour about 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of stomach

Due to cancer of stomach

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations HGB

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 2

23. Signature [Signature] (a) or other [Signature]

Address [Address] Date signed 6/4/48

Received 6/16/48
Allede County Health Unit
File No. 4-48-60
Date Filed 6/16/48

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..... 84

P. L. Palmer

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

working under my personal supervision.

Signed *P. L. Palmer*

Licensed Embalmer No. 2208

P. O. Address *Tifton Ga.*

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.