

FILED JUL 15 1948

Registration District No. 80

Primary Registration District No. 5306

Registrar's No. 8

1. PLACE OF DEATH:

(a) County. Cole Co  
(b) City or town. Rural Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution. Centertown, Mo Rt # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Life  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cole #01700a 26  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Centertown, Mo Rt # 1  
(If rural, give location)  
(e) Citizen of foreign country? N:0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James Luther McKee

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex. Male 5. Color or race. White  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Nettie McKee  
6. (c) Age of husband or wife if alive. 62 years  
7. Birth date of deceased. Sept 9 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 22 hr. min.

9. Birthplace. Moniteau Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. Jim McKee

12. Name. Jim McKee

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

14. Maiden name. Elviria Longon

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

16. (a) Informant. Bob McKee  
(b) Address. Edman mo.

17. (a) Burial (b) Date thereof. July 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New Hope Cent.

18. (a) Signature of funeral director. Bowlin Funeral Home  
(b) Address. California, Mo

19. (a) July 2 (b) Mrs. Minnie Hattenmeyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day. 1  
1948 hour. 12/55 minute. A M.

21. I hereby certify that I attended the deceased from May 2 1948  
that I last saw him alive on July 1 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death. arteriosclerosis

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. (A)  
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.....

23. Signature. J. Devine (M. D. or other)  
Address. California, Mo Date signed. 7/2/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number JUL 14 1948  
Date Filed

APR 26 1958

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.....

*James M. Foley*

Registered Apprentice No. *219*

working under my personal supervision.

Signed *Earl R. Paulin*

Licensed Embalmer No. *2126*

P. O. Address *California, etc.*

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.