

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **218**

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

**1. PLACE OF DEATH:**

(a) County Cole

(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 3 days  
(Specify whether in hospital or institution)

In this community 3 days  
(years, months or days)

**3. (a) PRINT FULL NAME** PATRICK HENRY MCKEE

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Lela 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MARCH 15 1889  
(Month) (Day) (Year)

**8. AGE:** Years 58 Months 6 Days 17 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MARION COLE MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation RURAL MAIL CARRIER

11. Industry or business U. S. GOVT

**MOTHER FATHER**

12. Name James McKee

13. Birthplace Cole Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elvira Lougan

15. Birthplace Monticello Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lela McKee

(b) Address Centertown, Mo

17. (a) Burial (b) Date thereof Oct. 4. 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cent.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 10-4-47 (b) R. P. Davis M.D.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole 26

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

(d) Street No. Centertown, Mo 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country.

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Oct day 2nd  
year 1947 hour 12 minute 27 P.M.

21. I hereby certify that I attended the deceased from Sept 1st, 1947, to Oct 2nd, 1947, that I last saw him alive on Oct 2nd, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 6 months

Due to Cerebral thrombosis

Due to \_\_\_\_\_

Other conditions 94X  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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 \_\_\_\_\_

23. Signature R. P. Davis M.D. (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo. Date signed 10/3/47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed OCT 14 1947

OCT 16 1947

JUN 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 772-8

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 7126

P. O. Address California

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.