

FILED JUL 16 1942
744

Registration District No.

Primary Registration District No. 5976B

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County... Ray *Richmond, Miss*

(b) City or town... Rural *Georgeville*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community... 30 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pike *82*

(c) City or town... Louisiana *2*
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME EPPA McBEE

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1942 hour 6:30 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife... Emma McBee

6. (c) Age of husband or wife if alive... 58 years

7. Birth date of deceased... March 11, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1942 to June 9, 1942
that I last saw him alive on June 9, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage *4 hrs*

Due to: Arterial Hypertension *unknown*

Due to: Embolic Infarction *4 days*

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

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

10. Usual occupation... Farming

Major findings: 83a

Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business: _____

MOTHER FATHER { 12. Name... John McBee

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

{ 14. Maiden name... Elizabeth Holder

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

22. If death was due to external causes, fill in the following:

16. (a) Informant... Emma McBee

(b) Address... Louisiana, Missouri

17. (a) Burial (b) Date thereof June 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Braymer, Missouri

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director... [Signature]

(b) Address... Richmond, Missouri

19. (a) 6-11-42 (b) Mrs. Clara Willegged
(Date received local registrar) (Registrar's signature)

(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) _____ (e) Means of injury [Signature]

23. Signature John R. Crank (M. D. or D.O.)
Address Braymer, Mo Date signed 7-11-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-42

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, Edw. Husman,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Edw. Husman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.