

DEC 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1304
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 4613 Bell
(c) City Warrensburg (d) Street No. 4613 Bell St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine McCall
(a) Residence, No. 4613 Bell St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1 - 1889
7. AGE YEARS 50 MONTHS 1 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. Laundry Employee
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo
13. NAME Harley Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Wells McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) William McCall
4613 Bell
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 1/26/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. O'Donnell Co
3256 Broadway
20. FILED Jan 25 1939 M. M. Corbett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1939
22. I HEREBY CERTIFY that I attended deceased from Nov 2 1938 to Jan 24 1939
I last saw him alive on Jan 17 1939 Death is said to have occurred on the date stated above, at 11:55 AM
The principal cause of death and related causes of importance were as follows:
Sarcoma colon Date of onset
Other contributory causes of importance: 46c
Name of operation None Date of
What best confirmed diagnosis Blinded Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. D. Grayson, M. D.
(Address) Quincy, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.