

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

**36942**  
Do not use this space.

1. PLACE OF DEATH **NOV 14 1939**

(a) County Pulaski Registration District No. 716

(b) Township Tavern Primary Registration District No. 5945 Registered No. 12

(c) City Crocker, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 Charles Everett Metcalf

(a) Residence, No. Crocker, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF Katherine Metcalf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1888

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
50	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) Dec. 1936 11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (CITY OR TOWN) Pierce City, Mo.  
(STATE OR COUNTRY) Missouri

FATHER

13. NAME James Metcalf

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Cathrine Alt

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Katherine Metcalf  
(ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Crocker Cem. DATE Oct. 19, 1939

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS  
(ADDRESS) Crocker, Mo.

20. FILED Oct. 18, 1939 H. J. Sell  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Oct 17 1939

I last saw him alive on Oct 17 1939 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis

Other contributory causes of importance:  
Chronic Myocarditis 1934

Date of onset 10/17/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) H. J. Sell, M. D.  
(Address) Crocker, Mo.

WHILE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

Kathrine

JUL 25 1945

JAN 26 1945

MAY 11 1945

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 1945-6-13

**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 Paul B. Hooper  
Licensed Embalmer No. 3261  
P. O. Address Crocker Mo

**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.**