

See also 8340 - 40

41100

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1550 029 27 1939

4542

43

1. PLACE OF DEATH:

(a) County Webster 2
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Emma Paralee McKay 210

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Floyd McKay 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 24, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 23 hr. min.

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

10. Usual occupation Housewife 6

11. Industry or business Home

12. Name John Calloway 1

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

14. Maiden name Nancy Haymes

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

16. (a) Informant's own signature Stanley McKay
(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof Nov 29 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director W. K. Ramsey
(b) Address Marshfield, Missouri

19. (a) Nov. 25 1939 (b) Elizabeth Anglin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Marshfield
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1939 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased on
November 17, 1939, to
that I last saw h. alive on, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death
Dead on Arrival. Natural Causes - Unknown
Due to circumstances & previous complaints believed to be -
Due to Coronary Occlusion, Acute
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death) Several Years

PHYSICIAN
Major findings: No
Of operations No
Of autopsy No
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? _____
(Specify type of place) (a) Means of injury _____

23. Signature C. P. Macdonald (M. D. or other) M. D.
Address Marshfield, Mo Date signed 11/18/39

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.

RECEIVED

District Health Officer NO: 8,

District File Number 1239-2612

Date Filed DEC. 12 1939

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 *Alexander*

Licensed Embalmer No. 3312

P. O. Address Marshfield

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.