

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1078

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Adessa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days) 66-10-29 240

3. (a) PRINT FULL NAME SAMUEL LUTHER McCAULEY

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife Lillie May McCauley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 8 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation clerk

11. Industry or business Racket & motion store

12. Name Jacob A. McCauley - I

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

14. Maiden name Susan B. Bunnemann

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

16. (a) Informant Bess Kropp

(b) Address Adessa, Mo

17. (a) Burial (b) Date thereof Nov 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adessa, Mo. -
St. Ignace Cem.

18. (a) Signature of funeral director H. J. Legomas & Sons
(b) Address 1100 N. 1st St. Adessa, Mo

19. (a) Nov 8, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1940
hour _____ minute _____

21. I hereby certify that I attended the deceased from 7:10 A.M.
to _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death rupture of the aorta

retroperitoneal hemorrhage

Due to fracture-dislocation of sacro-iliac joint

fracture of the pelvis
Other conditions auto traumatism
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3-6-40

(c) Where did injury occur? Adessa, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? Public place

While at work _____ (Specify type of place)
Signature Arthur P. Hubert (M. D. or other)

Address K.C. Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2/12/72

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

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Francis Walton

Signed

W. J. H. [Signature]

Licensed Embalmer No. *2744*

P. O. Address *A. E. [Signature]*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9644
Registrar's No. 1478

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH
(a) County Jackson
(b) City or town R.C.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Samuel L. Mc Lawley
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH Month Mar. Day 7 year 40
hour _____ minute _____ M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

7. Birth date of deceased _____ (Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Retroperitoneal hemorrhage
trauch. dislocation of iliac joint
Due to _____
Due to _____

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

Other conditions Auto transportation
Pedestrian acc
(Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____ (City, town, or county) _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accid.
(b) Date of occurrence 3-6-40
(c) Where did injury occur? D. Dessau Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place (in public place?)

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 3/8/40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Victor B. Buhler (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

1940

S-9644