

FILED MAY 19 1940

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

15428
Do not use this space.

1. PLACE OF DEATH
(a) County Macon Registration District No. 533
(b) Township Macon Primary Registration District No. 3027 Registered No. 32
(c) City Macon (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 William C. McCall
(a) Residence, No. MACON St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1875
7. AGE YEARS 64 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana /
13. NAME Willis McCall /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana /
15. MAIDEN NAME Serelda Cox /
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana /
17. INFORMANT (ADDRESS) N.R. Underwood
Macon, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Burial DATE 4-23-1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stephus Gooding
Macon, Mo.
20. FILED 5/2 1940 Geo W. Heintz
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21st 1940
22. I HEREBY CERTIFY, That I attended deceased from Apr 21st, 1940, to Apr 21st, 1940
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, 8 am.
The principal cause of death, and related causes of importance were as follows:

Cardiac Arrest
95 P
Date of onset 1936
Other contributory causes of importance:
Heart Indigentia from
Eating Cadavers in a 1940
Unstable Sulid
Name of operation None Date of _____
What test confirmed diagnosis? Autopsi 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) Geo West Corson M. D.
(Address) First Bank in 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.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1002

Date Filed MAY 9 1940

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

A. B. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.