

FILED JUL 15 1940
Registration District No. 298

Primary Registration District No. 3015

State File No. _____
Registrar's No. 60

1. PLACE OF DEATH:
(a) County Howard, Cooper
(b) City or town Fayette, Booneville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard,
(c) City or town Fayette, Mo.
(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.

3. (a) PRINT FULL NAME Sallie Snell McCausland,
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27
year 1940 hour 3 minute 30 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife John B. McCausland,
6. (c) Age of husband or wife if alive 15 years 1874
7. Birth date of deceased January (Month) (Day) (Year) 1874

21. I hereby certify that I attended the deceased from Mar. 4, 1940, to June 27, 1940, that I last saw him alive on June 26, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 5 Days 14
If less than one day _____ hr. _____ min.

Immediate cause of death Senility
Due to _____
Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions Heart 7 hrs previously 7 hrs
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy None

MOTHER FATHER
11. Industry or business _____
12. Name Elija Snell.
18. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Franklin,
15. Birthplace Missouri (City, town, or county) (State or foreign country)

PHYSICIAN
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) Accident
(b) Date of occurrence December 19, 39
(c) Where did injury occur Fayette (City or town) Howard (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? no (Specify type of place) (e) Means of injury fell on floor

16. (a) Informant Mrs Frank Grimes,
(b) Address Fayette, Mo.
17. (a) Burial (b) Date thereof 6-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery,
18. (a) Signature of funeral director Guy T. Halley,
(b) Address Fayette, Mo.
19. (a) 6-29-40 (b) St. Joseph
(Date received local registrar) (Registrar's signature)

23. Signature J. O. Estlin (M. D. or other) M.D.
Address Booneville, Mo. Date signed 6-29-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-3-40

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 Guy T. Kelley
Licensed Embalmer No. 2966
P. O. Address Fayette 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.