

Registration District No. 735 Primary Registration District No. 3034

Registrar's No. 128

FILED JUL 17 1940
735

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Adams Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James F. McTellan 244

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 Married

6. (b) Name of husband or wife Anna A. McTellan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 7th 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER

12. Name James M. McTellan

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

14. Maiden name Martha Cummings

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

16. (a) Informant P.W. McTellan

(b) Address Barthage Hill

17. (a) Burial (b) Date thereof June 19th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Wabash and Son

(b) Address Moberly Mo

19. (a) June 19 1940 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1940 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 6, 1940, to June 17, 1940
that I last saw him alive on June 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Duration about 12 days

Due to following extraction of abscess tooth

Due to _____
Other conditions 76
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City) (town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 925

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.P. Langston M.D. (M.D. or other)
Address Moberly Mo Date signed 6/19/40

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

RECEIVED

District Health Officer No. 10

District File Number 7-40-1468

Date Filed JUL 15 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 Frank S DeWalt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.