

FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29352

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mello McFarland Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 wks years, months or days (If rural, give location)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla (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.

8. (a) PRINT FULL NAME

Mary Elizabeth McListon

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 1:30 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 15, 1940 to July 29, 1940
that I last saw her alive on July 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Meningitis
Duration _____

4. Sex ♀ 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John McListon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 6, 1878 (Month) (Day) (Year)

Due to _____
Due to 59

8. AGE: Years 61 Months 8 Days 23 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Home

PHYSICIAN
Major findings: Of operations _____

MOTHER FATHER
11. Industry or business _____
12. Name Wm Huskey
13. Birthplace Denn Knott (City, town, or county) (State or foreign country)
14. Maiden name Sarah W. Huskey
15. Birthplace Denn Knott (City, town, or county) (State or foreign country)

Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John McListon
(b) Address Rolla Mo
17. (a) (Burial, cremation, or removal) Rolla Phelps (b) Date thereof July 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director W. H. H. H.
(b) Address Rolla Mo
19. (a) July 31, 1940 (b) Joe F. Myers (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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? 6:10
While at work _____ (Specify type of place) Means of injury _____
23. Signature W. H. H. H. (M. D. or other) _____
Address Rolla, Mo Date signed 7-31-40

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

RECEIVED

District Health Officer No. 5,

District File Number 840853

Date Filed _____

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 G. L. Murrel

Licensed Embalmer No. 3397

P. O. Address Rolla m

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.