

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Harrison
(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 MO (b) County Benton
(c) City or town Harrison (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 28 day 28
year 1941 hour 5 minute 15 M.
21. I hereby certify that I attended the deceased from Jan 1st
1941, to Jan 28, 1941;
that I last saw him alive on Jan 21st, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 2 years
Due to _____
Due to _____
Other conditions Chr. Nephritis 15 yrs
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

4. Sex male 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen McDade
6. (c) Age of husband wife if alive 78 years
7. Birth date of deceased Jan 4 1960
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>19</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Benton Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Michael McDade
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Byrne
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen McDade
(b) Address Harrison, Mo.

17. (a) Burial (b) Date thereof Jan 30 '41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Methodist Episcopal Seminary

18. (a) Signature of funeral director White & Sons
(b) Address Harrison, Mo.

19. (a) 1/31/41 (b) Joe A. Logan
(Date received local registrar) (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 _____
(c) 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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Hest (M. D. or other) _____
Address Harrison, Mo. Date signed 1-29-41

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

8000

RECEIVED

District Health Officer No. 7.

District File Number 2-41-243

Date Filed 2-16-41

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

John J. Reser

Licensed Embalmer No. 4098

P. O. Address. Warsaw, 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.