

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 11 1949 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13838

State File No. _____

Registration District No. 53

Primary Registration District No. 5283

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County BATES -
 (b) City or town RTO - BUTLER MO -
 (If outside city or town limits, write "RURAL" and name of township)
Lone Oak 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 2 WEEKS - years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County BATES
 (c) City or town RTO BUTLER - (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.

3. (a) PRINT FULL NAME ELLEN McFALL
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month APR day 14
 year 1941 hour 8 minute _____ P. M.

4. Sex F 5. Color or race W -
 6. (a) Single, widowed, married, divorced 3
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased MAR - 1 - 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Apr 14th 1941 to Apr 14th 1941;
 that I last saw her alive on Apr 14th 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary hemorrhage

8. AGE: Years Months Days If less than one day
73 1 14 hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name JOHN L. VICKERS
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
 14. Maiden name MARY GARTON -
 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature J. P. Price
 (b) Address Cainsville MO -

23. Signature of funeral director _____ (M. D. or other) _____
 Address Butler, Mo Date signed 4-15-41

17. (a) BURIAL (b) Date thereof APR - 17 - 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rockville Mo

24. Signature of registrar Clayde J. Allen M.D.
 (Date received local registrar) (Registrar's signature)

18. (a) Signature of funeral director _____
 (b) Address BUTLER MO -

25. Address _____ Date signed _____

19. (a) April 21, 1941 (b) _____
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 5-41-844

Date Filed 5-12-41

RECEIVED
District Health Officer No. 7,
District File Number
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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butley 2nd

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.