

FILED AUG 11 1941
Registration District No. **67**

Primary Registration District No. **4039**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **Bellinger**

(b) City or town **Marble Hill Mo.**
(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 **Lifetime /** (Specify whether years, months or days)

In this community **Lifetime /** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **009**

(a) State **Mo.** (b) County **Bellinger** **0**

(c) City or town **Marble Hill** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Rev Milford Call**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20th**
year **1941** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **Mar 1-41**
_____ 19____ to **July 20** 19**41**
that I last saw him **alive** on **Mar 20** 19**41**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased: **Feb** **15th** **1927**
(Month) (Day) (Year)

Immediate cause of death
Chronic Gastritis - intestinal **6 000**

Due to _____ **2**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1720**

8. AGE: Years **14** Months **5** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Student**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Call**

13. Birthplace **Marble Hill Mo.** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Cora B Roberts**

15. Birthplace **Marble Hill Mo.** **0**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Cora B Call**

(b) Address **Marble Hill Mo.**

17. (a) **Burial** (b) Date thereof **July 21 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crader Cemetery,**

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? _____

18. (a) Signature of funeral director **J. B. Graham**

(b) Address **Luceaville, Mo.**

19. (a) **8-1-1941** (b) **Mrs. H. Illers**
(Date received local registrar) (Registrar's signature)

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

23. Signature **O. A. Higgins** (M. D. or other) **0**

Address **Marble Hill, Mo.** Date signed **7/23/41**

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Putnamville, Tenn

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, fact should be so stated above.