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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24668

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 185

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

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 712 Court Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 80 years 1

2. USUAL RESIDENCE OF DECEASED: 014
(a) State Missouri (b) County Calloway 2
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 712 Court Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ida Wheeler McCue
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife David C. McCue
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 9 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	1	24	..... hr. ..... min.

9. Birthplace Portland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lewis Wheeler
13. Birthplace ..... (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name Elizabeth Mason
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mary Hughes Ingle
(b) Address Fulton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 4 (Day) 1941 (Year)
(c) Place: burial or cremation Hillcrest Cemetery
18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton, Missouri
19. (a) 7/4/41 (Date received local registrar) (b) R. N. Crews (Registrar's signature) 106

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd. year 1941 hour three minute 45. P.M.
21. I hereby certify that I attended the deceased from 1930. , 19..., to Pre sent time.; that I last saw her alive on July 3rd. 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, following, Arteriosclerosis, Hypertention, Endocarditis — Duration 4 days
Due to Rheumatism, Arthritis deformans. — yrs.
Due to 97 D
Other conditions Old uterine fibroid.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No 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 or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Greene D. McCall (M. D. or other) XXXXX
Address Fulton Mo. Date signed 7/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.