

MADE SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27684

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 33

1. PLACE OF DEATH:

(a) County AUDRAIN
 (b) City or town VANDANIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
706 WEST WAUSH
 (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 MISSOURI (b) County AUDRAIN
 (c) City or town VANDANIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 706 WEST WAUSH
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1941 hour 2 AM minute..... M.
 21. I hereby certify that I attended the deceased from
June 10 1941 to Aug 16 1941;
 that I last saw him alive on Aug 11-1941 19.....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

3. (a) PRINT FULL NAME ONAN ORA METCALF

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife ANICE METCALF 6. (c) Age of husband or wife if alive 12 YRS years

7. Birth date of deceased SEPTEMBER 29 1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 16 If less than one day hr. min.

9. Birthplace PIKE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business.....

12. Name THEODORE TAILOR METCALF

13. Birthplace MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name MARY ELLEN STARKEY

15. Birthplace INDIANA
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Will Hunk
 (b) Address Log, Missouri

17. (a) BURIAL (b) Date thereof AUGUST 18 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDANIA CEMETERY

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandania, Missouri

19. (a) Aug 18 1941 (b) R. Lee Alford
 (Date received local registrar) (Registrar's signature)

Cancer pancreas
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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. W. Bland (M. D. or other)
 Address Vandania Date signed 9/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No: 10

District File Number 9-4-1699

Date Filed SEP. 8 1941

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 Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address Waudalia 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, fact should be so stated above.