DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32367

Registration District No. 744 Primary Registration District No. 5976B. Registrar's No. 90

26390

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home (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 ~~none~~ 4 hr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 089

(c) City or town Rural (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? U.S.A. (Yes or No)

If yes, name country ...

3. (a) PRINT FULL NAME Anita May McFall

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Sing.

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

7. Birth date of deceased Sept. (Month) 16 (Day) 1941 (Year) 4:25 pm

8. AGE: Years | Months | Days | If less than one day 4 hr. ... min.

9. Birthplace Sept. 16-1941, near Knoxville Mo (City, town, or county) (State or foreign country)

10. Usual occupation ...

11. Industry or business ...

FATHER
12. Name Forrest McFall
13. Birthplace Richmond Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Colene Estes
15. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Forrest McFall
(b) Address Richmond Mo

17. (a) ... (Burial, cremation, or removal) (b) Date thereof 9-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Kincaid Cemetery

18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond Mo

19. (a) Sept 23-1941 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 16 - 1941 day ... year 1941 hour 8 25 minute 6 M.

21. I hereby certify that I attended the deceased from Sept 16-41, to Sept 16-1941, that I last saw her alive on Sept 16-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to Incomplete Development

Due to ...

Other conditions Premature labor (Include pregnancy within 3 months of death)

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 C. E. Lay (M. D. or other)
Address Richmond Date Sept 18 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No: 8,
District File Number 10-14-41
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 J B Brothers Registered Apprentice No. Brothers Funeral Ho
working under my personal supervision.

Signed J. B. Brothers
Licensed Embalmer No. 2001
P. O. Address Richmond W

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

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