

No. 2-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34695

Registration District No. 210

Primary Registration District No. 5289

Registrar's No.

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Rural Lafayette Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R.#1 Hemple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 3 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Rural (or Fulton, Mo.)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#1.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah C. McCall
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 29th
year 1941 hour 11 minute 15 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from March 15, 1941 to Oct. 29, 1941, that I last saw her alive on Oct. 29, 1941, and that death occurred on the date and hour stated above.
Immediate cause of death Arterio-sclerosis Duration Unknown

7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 89 Months ? Days ? If less than one day .hr. min.

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Calloway County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home

Major findings: Of operations None
Of autopsy None

11. Industry or business _____
12. Name Elbert McCall
13. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Virginia (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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

16. (a) Informant L.F. White
(b) Address R.R.#1 Hemple, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo.
18. (a) Signature of funeral director Hermon W. Siduladen
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) Oct. 30, 1941 (Date received local registrar) (b) Mrs. John Ray (Registrar's signature)

23. Signature G. F. Remball (M. D. or other) 41.
Address Hemple, Mo. Date signed 10/30/41

986 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.