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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35277

Registration District No. 410 Primary Registration District No. 5568 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Jasper Sheridan
(b) City or town Jasper (Rural) Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 m. S. - 2 m. E. of Jasper Mo.
(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 30 days 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 073
(c) City or town Neosho 3 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME James William McFall.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emaline E McFall.
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Jan. (Month) 17 (Day) 1859 (Year)
8. AGE: Years 82 Months 8 Days 25 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Daniel McFall.
13. Birthplace Jacksonville (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Martha J. McHill.
15. Birthplace Jacksonville (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Columbus McFall.
(b) Address Jasper, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Summerset Cemetery
18. (a) Signature of funeral director Chas J Foster
(b) Address Jasper Mo.
19. (a) Oct 13 1941 (Date received local registrar) (b) Clara E. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th year 1941 hour 10 minute 55-a-M.
21. I hereby certify that I attended the deceased from saw him only after death, to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block	
Due to Chronic Heart disease.	
Infirmities of age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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 0

23. Signature W. N. Knott M.D. (M. D. or other) MD
Address Jasper, Mo. Date signed 10-12-41

(Licensed Embalmer's Statement on Reverse Side)

41-16-879

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 Howard Simpson, Registered Apprentice No. 285, working under my personal supervision.

Signed Geo. J. Tuter

Licensed Embalmer No. 2566

P. O. Address Jasper, 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, above space should be left blank.