

DEC 18 1941

Registration District No. 80

Primary Registration District No. 5-119

Registrar's No.

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Rural Center Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route # 1, Faucett  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years  
years, months or days)

3. (a) PRINT FULL NAME Ann M. McPherson  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife Christopher C. McPherson (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 17, 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 9 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clay County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mamie Reed

(b) Address Route # 1, Faucett, Mo.

17. (a) Bucial (b) Date thereof Nov. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director Clark Martiny  
(b) Address 5025 King Hill Ave.

19. (a) Nov. 18-1941 (b) Mr. Lucy D. McPherson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural, Center Township  
(If outside city or town limits, write "RURAL")  
Route # 1, Faucett, Mo.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1941 hour 6 minute 45 p. M.

21. I hereby certify that I attended the deceased from several  
years, 19\_\_\_\_ to Nov 17, 1941  
that I last saw him alive on Nov 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic  
Arteriosclerosis Duration \_\_\_\_\_

Due to age

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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) no

(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 J. P. Stamey (M. D. or other) \_\_\_\_\_

Address 2024 1/2 Joseph Ave. Date signed 11/18/41

FEB 28 1956

**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 11/17/40

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*E. J. [Signature]*

Licensed Embalmer No. 4238

P. O. Address 111 [Address]

**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.**