

FILED DEC 10 1941

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 No. 11th. Street,
Mrs. Grace M. Ball Nursing Home,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 6 mos.
(Specify whether
In this community 15 years,
years, months or days)

3. (a) PRINT FULL NAME Alice E. McCool,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

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

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

7. Birth date of deceased September 10, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 10 hr. min.

9. Birthplace Fairport, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

12. Name George Williams,

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

14. Maiden name Elizabeth Sherard,
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Roy McGraw

(b) Address 215 South 15th. Street,

17. (a) Burial (b) Date thereof 11/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity, Missouri,

18. (a) Signature of funeral director Heaton-Pulaski-Brown Funeral

(b) Address 319 So. 10th. Street, Home

19. (a) Nov 21 - 1941 (b) H. Northrup
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan //
(c) City or town Saint Joseph, //
(If outside city or town limits, write "RURAL")
(d) Street No. 215 South 15th. Street, 7
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th.
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 19
1941 to Nov 20 19 41
that I last saw him or alive on Nov 11/20 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Malaria,

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 Orice McGraw (M. D. or other) D. O.

Address 222 Legay B. Date signed 11/24/41

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

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 11-20

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

Signed Wm E Summerfield

Licensed Embalmer No. 3067

P.O. Address 319 So. 10th St. Memphis

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.