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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38600

State File No.

Registration District No. 431

Primary Registration District No. 5591

Registrar's No. 140

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Rural Hazel Hill Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Warrensburg P.O.D.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Ross C McVay**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie McVay** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Sep. 8 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **11** If less than one day hr. min.

9. Birthplace **unknown Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Isaac McVay**

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

14. Maiden name **Sallie Durant**

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

16. (a) Informant **Minnie C McVay**

(b) Address **Warrensburg, Mo RFD**

17. (a) **Liberty, Burial** (b) Date thereof **Nov. 21, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Cemetery Sweeney-Phillips**

18. (a) Signature of funeral director **Warrensburg, Mo.**

19. (a) **Nov-21-1941** (b) **Sola M. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19** year **1941** hour **8-30** minute **P** M.

21. I hereby certify that I attended the deceased from **1938** 19 to **11-19-41** 1941
that I last saw him alive on **11-10-41** 19 and that death occurred on the date and hour stated above.

Immediate cause of death **perman anemia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **13a**
Major findings: Of operations
Of autopsy

Duration
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 **D**

23. Signature **[Signature]** (M. D. or other) **md**
Address **[Signature]** Date signed **11-21-41**

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

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-41.....

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.....

Earl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Earl Priest

Licensed Embalmer No. 3878

P. O. Address Waukesha

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.