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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10804

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 181

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

39
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SPRINGFIELD BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day - 0 (Specify whether years, months or days)
In this community 47 years +

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 039
(c) City or town Springfield 2 6
(If outside city or town limits, write "RURAL")
(d) Street No. 914 E. Newton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME VERDA McCALL
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 MARRIED
6. (b) Name of husband or wife CLYDE McCALL
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April (Month) 22 (Day) 1894 (Year)

8. AGE: Years 47 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House wife & W.P.A. Supervisor
11. Industry or business House work
MOTHER FATHER
12. Name George Wesley Davidson
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Lula Carter
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Elbert Davidson
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. W. Slinguer & Co.
(b) Address Springfield, Mo.
19. (a) 3-7-42 (Date received local registrar) (b) Dr W E Hanley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1942 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from 3/2/ 1942 to 3/5 1942 that I last saw her alive on 3/4/ 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hemorrhage in Stomach
of unknown Cause
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 118.3

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

23. Signature C. E. Feller (M. D. ~~coroner~~)
Address Springfield Mo. Date signed 3/7/42

107 (Licensed Embalmer's Statement on Reverse Side)

APR 3 1942

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 William Max Rhodes

Licensed Embalmer No. 407

P. O. Address Springfield

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.