

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30369

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 701

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: 1309 N. Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 15 years (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Nancy A. McVay

3. (b) If veteran, name war AO

3. (c) Social Security No. none

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John McVay 6. (c) Age of husband or wife if alive Dec. 4 - 1864 years  
7. Birth date of deceased April - 4 - 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 25 If less than one day x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Israel Hamilton  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Smith  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Potter

(b) Address RFD 2 - Springfield, Mo.

17. (a) Burial (b) Date thereof Oct 1 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Marshallfield Mo.

18. (a) Signature of funeral director Tex Jolley

(b) Address Marshallfield Mo.

19. (a) 9-30-42 (b) J. W. Hamilton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 1309 N. Campbell  
(If outside city or town limits, write "RURAL")  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1942 hour 6:05 minute p.m.

21. I hereby certify that I attended the deceased from 3 - 9 1942 to 8 - 29 1942  
that I last saw her alive on 9 - 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of brain Duration 1 - 12 - 39  
2 - 6 am

Due to Senility  
Due to Old age

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Underline the cause to which death should be charged statistically.  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(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) (c) Means of injury 0  
23. Signature Mary Jean Otherton (M. D. or other)  
Address 333 E. 8th St. Kansas City Date signed 9-30-42

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. 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.**