

S. No. 2
DM-542
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11749

State File No.

FILED MAR 16 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Twp. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 32 Nevada
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 264²² 6 mos 9 29^{day}
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town Lockwood
(If outside city or town limits, write "RURAL")

(d) Street No. W. Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mary F. W. McCaleb

3. (b) If veteran, name war.....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1943 5 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from Sept
1939, to Feb 6th, 1943
that I last saw her alive on Feb 6th, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife S. F. McCaleb

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 16th 1875
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Pancreas

Due to.....

Due to.....

Other conditions Generalized Atherosclerosis
(Include pregnancy within 3 months death)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>21</u> hr. min.

Major findings: Of operations.....

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation House wife

11. Industry or business.....

12. Name Louie Schwartz

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

14. Maiden name Friederika

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2 9 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Sheffield Mo

18. (a) Signature of funeral director Rollins Knott

(b) Address Sheffield Mo

19. (a) 2-6-43 (b) Hazel B. Beurek
(Date received local registrar) (Registrar's signature)

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 G. S. Waraich (M. D. or other)
Address Nevada, Mo Date signed 2/16/43

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

MOTHER FATHER

1331

RECEIVED
District Health Officer No. 71
District No. 2-43-31
3-5-42

OCT 6 1944

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 Rollins Knott
Licensed Embalmer No. 3685
P. O. Address Greenfield, Mo.

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.