

12 MAY 10 1943

Registration District No. **58**

Primary Registration District No. **4089**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **CARTER**

(b) City or town **GRANDIN**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **RURAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 DAYS.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **RIPLEY**

(c) City or town **RURAL... POYNER**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN C. McFALL**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **Bertha May Haney**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **March 22 1876.**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 67 | , | 23 | hr. min. |

9. Birthplace **BERNIE. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER.**

11. Industry or business _____

12. Name **McFALL.**

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

14. Maiden name **"**

15. Birthplace **" 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **ADA BELLE McBROOM (DAUGHTER)**

(b) Address **GRANDIN, MO.**

17. (a) **REMOVAL & BURIAL** Date thereof **4-17-43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bernie, Mo.**

18. (a) Signature of funeral director **F. E. Jordan**

(b) Address **Doniphan Mo.**

19. (a) **4-18-43** (b) **E. B. Johnston**
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15,**
year **1943.** hour **1;** minute **A. M.**

21. I hereby certify that I attended the deceased from **4-11-1943** to **4-15-1943;**
that I last saw him alive on **4-11-1943;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Distress**

Due to **Influenza**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **320**

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 **J. Edw. Adamson** (M. D. or other)

Address **Doniphan, Mo.** Date signed **4-16-43**

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

18
0
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 543311

Date Filed 5-8-43

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 J. J. Jordan
Licensed Embalmer No. 32001
P. O. Address Douglas

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.

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