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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14865

State File No.

FILED APR 24 1943

Registration District No. 4349

Primary Registration District No. 3043

Registrar's No. 78

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: Levering Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

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

(d) Street No.: R R 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Margaret Medcalf

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

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: September 6, 1864 (Month) (Day) (Year)

8. AGE: Years 78 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name: William Medcalf
13. Birthplace: Yorkshire England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Martin
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Wm. Medcalf
(b) Address: R R # 2 Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Hydesburg

18. (a) Signature of funeral director: Wm. M. Smith
(b) Address: 902 Broadway Hannibal Missouri

19. (a) 3-19-43 (Date received local registrar) (b) R H Common (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 43 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tb	
Due to: 13 f	
Due to:	
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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: ..... (Specify)

23. Signature: J. J. Rupp (M. D. ~~or other~~)
Address: Palmyra Mo. Date signed 3/16/43

1144

(Licensed Embalmer's Statement on Reverse Side)

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

George T Bond, Registered Apprentice No. ~~210X~~ ~~120X~~ 350,

working under my personal supervision.

Signed Wm M Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.