DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17999

FILED JUN 12 1943

Registration District No. 140 Primary Registration District No. 4229 Registrar's No. 35

**1. PLACE OF DEATH:**

(a) County HOWARD

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

(c) Name of hospital or institution: / (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 Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Howard

(c) City or town New Franklin Rural (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME CHARLES TALBOT McGAVOCK

3. (b) If veteran, name war no.

3. (c) Social Security No. no

4. Sex Male

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 June (Month) 5 (Day) 1863 (Year)

8. AGE: Years 79 Months 11 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Howard Co. (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James McGavock
13. Birthplace Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Martha Ann Talbot
15. Birthplace Virginia (City, town, or county) / (State or foreign country)

16. (a) Informant's own signature J R McGavock

(b) Address New Franklin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Mt Pleasant

18. (a) Signature of funeral director C. S. Newman

(b) Address New Franklin Mo.

19. (a) 5-10-1943 (Date received local registrar) (b) Ernest W. Whitlan (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9 year 1943 hour 6 minute 45 p. M.

21. I hereby certify that I attended the deceased from May 5, 1943, to May 9, 1943 that I last saw him alive on May 9, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | |
| Due to Senility | |
| Due to Acute Nephritis | |
| Other conditions Valvular heart lesions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | PHYSICIAN — |
| Of autopsy — | 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) no

(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 M. S. McGuire (M. D. or other)

Address Boonville Mo Date signed 5-11-43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. I X19511

RECEIVED
Health Officer No. 8,
District File Number
Date Filed 6-8-43

## 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 C S Duncan

Licensed Embalmer No. 3576

P. O. Address New Franklin

**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, above space should be left blank.**

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 140 Primary Registration District No. 5546 Registrar's No. 35

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

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Howard

(b) City or town Rural Franklin Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles T McGavock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 5 (Day) 1863 (Year)

8. AGE: Years 79 Months 11 Days If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May 9 year 1943 hour minute M.

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

| | Duration |
|---|---|
| Immediate cause of death apoplexy | ✓ |
| Due to Senility | |
| Due to acute nephritis | |
| Other conditions Valvular heart (Include pregnancy within 3 months of death) chronic nephritis disease | |

Major findings:
Of operations
Of autopsy 121 b

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 M. S. McGuire (M. D. or other)

Address Boonville Mo Date signed 6/12/43

S-17999