

FILED AUG 9 1943
Registration District No. **275**

Primary Registration District No. **3053**

1. PLACE OF DEATH:

(a) County **Phelps**
(b) City or town **Calla**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 months + 19 days**
In this community **3 months + 19 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**
(c) City or town **Cuba** (If outside city or town limits, write "RURAL.")
(d) Street No. **Rte 3** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **/**
If yes, name country.....

3. (a) PRINT FULL NAME **William C. Maher**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb.- 19th - 1879**
(Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **25** If less than one day hr. min.

9. Birthplace **Clarksville Missouri.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business.....
12. Name **James Calvin Crow**
13. Birthplace **Missouri.**
14. Maiden name **Mary Elizabeth Trauber**
15. Birthplace **Richmond, Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs E.F. Wall**
(b) Address **Cuba, Missouri.**
17. (a) Burial **Burial** (b) Date thereof **7-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cuba, Missouri.**

18. (a) Signature of funeral director **Elbert E. Long**
(b) Address **Bourbon Missouri.**
19. (a) **7-15-1943** (b) **William C. Maher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**, year **1943** hour **12** minute **15-A** M.
21. I hereby certify that I attended the deceased from **March 24**, 1943, to **July 14**, 1943 that I last saw her alive on **July 14**, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to.....
Due to.....

Other conditions **Chronic indolent nephritis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **13/a**
Of autopsy.....

Duration
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?
While at work? (Specify type of place) Means of injury
23. Signature **William C. Maher** (Date of other) **7/14/43**
Address **Calla, Missouri** Date signed **7/14/43**

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

MAR 2 1949

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

Elbert Ed Long

Licensed Embalmer No.

3405

P. O. Address

Bartbow 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.