

FILED JAN 25 1945

Registration District No. 12545

Primary Registration District No. 1000

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 15 hrs  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

(c) City or town Cameron Mo. Rural  
(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 Kenneth H. McMahill

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

3. (c) Social Security No. 497121746

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  
(Day) (Year)

7. Birth date of deceased Dec 28 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19	0	13	hr. min.
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9. Birthplace Caldwell Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chas F McWall

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

14. Maiden name Lola Beck

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

16. (a) Informant Chas M. Mahill

(b) Address Cameron Mo.

17. (a) R (Burial, cremation, or removal) (b) Date thereof 1-12-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director St. J. Osborn

(b) Address Stewartsville Mo.

19. (a) 1-12-44 (Date received local registrar) (b) Rose Higgins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1944 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1944 to Jan 11, 1944 that I last saw him alive on Jan 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis acuta

Due to Followed Influenza 3 weeks

Due to \_\_\_\_\_

Other conditions Pt. Frontal Sinusitis 2 1/2 weeks  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

338

Duration

few days

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 S. M. Shore (M. D. or other) MD

Address 317 Kirkpatrick Date signed 1-12-44

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

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**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. G. K. K. K.*.....  
Licensed Embalmer No. *952*.....  
P. O. Address..... *Stewartsville 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.**