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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. [illegible] 2890

State File No.

Registration District No. 1284

Primary Registration District No. 2000

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: SpFd Bapst Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Greene~~ Cedar 20

(c) City or town ~~Springfield~~ Stockton 0
(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 Frank Metcalf

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Jene A. Metcalf

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

7. Birth date of deceased Oct. (Month) 21 (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 93	2	12	hr. min.

9. Birthplace Jersey (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Melvin Church
(b) Address Stockton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-4-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1944 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec 2, 1943, to Jan 3, 1944
that I last saw him alive on Jan 2, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic bronchopneumonia	3 days
Due to: Fracture neck left femur	1 mo
Due to: Advanced Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a
18

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) Accident

(b) Date of occurrence Dec. 3, 1943 0 a.m.

(c) Where did injury occur? Stockton (City or town) Cedar (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury fell in house

23. Signature Robert Glynn (M. D. or other) MD

Address Springfield O Date signed 1/4/44

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. Doolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.