

FILED MAR 8 1944
128

Registration District No. 128

Primary Registration District No. 5465

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

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1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, New Campbell (Rural)

(c) Name of hospital or institution: Pearl's Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months
(Specify whether years, months or days)

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. Washington Township
(If Rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mary Eliza McFadin

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1944 hour 6:00 minute 0 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. W. McFadin

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased October - 7 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2, 19, 1944, 19, to 2, 19, 1944, 19, that I last saw her alive on 2, 5, 1944, 19, and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 4 Days 12 If less than one day X hr. X min.

Immediate cause of death Hemorrhage, cerebral

Duration Few Min.

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

Due to

Due to

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charly Pack

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

14. Maiden name Unk. known

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

Other conditions g 3a!
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

16. (a) Informant C. B. McFadin

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ethel Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) 2-23-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?

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

While at work?

(Specify type of place) (e) Means of injury 1

23. Signature [Signature] (M. D. or other) 2, 23, 1944

Address Springfield, Mo. Date signed

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MAR 9 1944

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 _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.