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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18076
Registrar's No. 447

Registration District No. 128 Primary Registration District No. 2000

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, (If outside city or town limits, write "RURAL")
(d) Street No. 1017 S. Pickwick (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Rufus F. McVay
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nell E. McVay
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased May (Month) 15, (Day) 1876 (Year)

8. AGE: Years 68 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Mahacka County, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Vice President
11. Industry or business Banking
FATHER
12. Name Stephens H. McVay
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
MOTHER
14. Maiden name Savannah C. Meyers
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Mrs. Nell E. McVay
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation HAZELWOOD CEMETERY
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 5-26-44 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th, year 1944 hour 9:15 minute P. M.
21. I hereby certify that I attended the deceased from May 24, 1944, to May 24, 1944, that I last saw him alive on May 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Infart	Duration 4 hrs
Due to Ruptured Coronary Artery	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
Of autopsy No Autopsy	

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 Leslie R. Webb (M. D. or other)
Address 700 Medical Arts, Date signed 5/26/44

984 (Licensed Embalmer's Statement on Reverse Side)

Spfd., Mo.

JUN 16 1944

APR 20 1945

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 Lewis G Scharpf

Licensed Embalmer No. 3807

P. O. Address Springfield Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.