S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21328

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural-Linn Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. XXX
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX 0

3. (a) PRINT FULL NAME George Washington McPherson
3. (b) If veteran, name war XX
3. (c) Social Security No. XXX
4. Sex 0 Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida McPherson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March (Month) 4, (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	3	11	XXXXXX hr. min.

9. Birthplace Stockton, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business XXX
FATHER
12. Name John McPherson
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Jones
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
16. (a) Informant Ida McPherson
(b) Address Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Gum Springs
18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri
19. (a) 7-1-44 (Date received local registrar) (b) Mrs Ethel C. Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 1, 1944, to June 16, 1944
that I last saw him alive on June 15, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death auricular fibrillation	1 yr.
Due to	
Due to	
Other conditions Bronchial asthma (Include pregnancy within 3 months of death)	40 yrs.

Major findings:
Of operations
Of 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 2
23. Signature [illegible] (M. D. or other) DD
Address Stockton Mo. Date signed 6-19-44

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 6-44-806
Date Filed 7-10-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.