S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22083

Registration District No. 217 Primary Registration District No. 578 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: (Near Charleston) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. Near Charleston (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country None

3. (a) PRINT FULL NAME Mary Elizabeth Metcalf

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William T. Metcalf

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased February 21, 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace State of Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housekeeper

MOTHER FATHER

12. Name John Blackburn

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

14. Maiden name America Worley

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

16. (a) Informant Lloyd Metcalf

(b) Address Deventer, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ermer Cemetery Bertrand, Mo

18. (a) Signature of funeral director Lair-Nunnelee

(b) Address Charleston, Mo.

19. (a) 6/1/44 (Date received by local registrar) (b) Mrs Lon Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 13, 1944, to April 24, 1944, that I last saw her alive on April 24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	5 days
Due to Chronic bronchitis	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature T. P. Fenton M.D. (M.D. or other)

Address Wyatt Mo. Date signed 4-25-44

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 644-843
Date Filed 6-14-44

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 John F. Minnelle Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.