

U.S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36871

FILED AUG 11 1944

Registration District No. 42

Primary Registration District No. 5135

Registrar's No. 253

**1. PLACE OF DEATH:**

(a) County Butler

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

(c) Name of hospital or institution:  
Home of Sam C. Metcalf  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 20 yr.  
years, months or days

**3. (a) PRINT FULL NAME** Edward Metcalf

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 29 - 1870  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
73	8	5	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name uk

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

14. Maiden name uk

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

16. (a) Informant G. C. Metcalf "Son"

(b) Address Quinn

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Aug 4 - 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Quinn Mo

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

(b) Address Campbell [unclear]

19. (a) 8/8/44  
(Date received local registrar)

(b) Belle Kinne  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Butler

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

(d) Street No. Route No 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 4<sup>th</sup>  
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3 - 5 1944 to 8 - 4 1944  
that I last saw him alive on 6 - 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Malaria

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 284  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [unclear] (M. D. or other) \_\_\_\_\_

Address Poplar Bluff Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

GJ (Licensed Embalmer's Statement on Reverse Side)

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

12000

165  
1/10/44

**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 Christina M. Landrum

Licensed Embalmer No. 4327

P. O. Address Campbell, Md

**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.**