

FILED NOV 2 1944

State File No. \_\_\_\_\_  
Registrar's No. 1074

Registration District No. 12

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
903 No. 12th St.  
(If not in hospital or institution, write street number or location)

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

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 903 No. 12th St.  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME John McCawley

3. (b) If veteran, name war None

3. (c) Social Security No. 408-24-798

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24  
4 year 1944 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 6, 1944, to Oct 22, 1944  
that I last saw him alive on Oct 22, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male  race White

5. Color or race White

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

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

7. Birth date of deceased: none male 5 18 83  
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis

Due to Rheumatism

Due to 93d

8. AGE: Years 61 Months 8 Days 18 If less than one day hr. min.

9. Birthplace: Faussett Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: laborer

11. Industry or business: none

12. Name: Samuel McCawley

13. Birthplace: Faussett Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Adaline

15. Birthplace: Faussett Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Verlin McCawley

(b) Address: San Ana California

17. (a) Burial (b) Date thereof: 10/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sparta Cemetery

18. (a) Signature of funeral director: John E. [unclear]

(b) Address: 6054 [unclear] St. [unclear]

19. (a) 10-27-44 (b) Helen [unclear]  
(Date received local registrar) (Registrar's signature)

Other conditions: \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy:

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? \_\_\_\_\_

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

Means of injury: \_\_\_\_\_

23. Signature: Collier [unclear] (M. D. or other)

Date signed: Oct 25

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

P. O. Address.....

**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.**