

No. 2
8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34836**

Registration District No. **222**

Primary Registration District No. **4333**

Registrar's No. **10**

1. PLACE OF DEATH: **Moniteau**
 (a) County **Clarksburg**
 (b) City or town **Clarksburg**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution **75 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau** **68**
 (c) City or town **Clarksburg**
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? **Native** (Yes or No)
 If yes, name country: _____ **D**

3. (a) PRINT FULL NAME **Elizabeth McFadden**

3. (b) If veteran, name war: **None** 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 _____ 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased: **July 17 1857**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	2	16	hr. _____ min.

9. Birthplace **Butler Co. Penn. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Oliver Pizer**

13. Birthplace **Butler Co. Penn. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret McCandless**

15. Birthplace **Butler Co. Penn. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Myrtle Sappington**
(b) Address _____

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksburg Masonic**

18. (a) Signature of funeral director **James T. Richard**
(b) Address **upton mo.**

19. (a) **Oct 4 - 1944** (b) **Jennie M. Needels**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**, year **1944** hour **10** minute **30 A** M.

21. I hereby certify that I attended the deceased from **June 1943**, 19____, to **October 2**, 19**44**, that I last saw her alive on **October 2**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **G. W. Knapp** (M.D. or other) **D.O.**
Address **Clarksburg** Date signed **10/3/44**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

JAN 31 1956

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 11-7-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Septon road

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.