

S. No. 2
DM-5-42
v. 5-17-39
X32873

2581

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1945

Registration District No. 157

Primary Registration District No. 5585

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper County
(b) City or town Rural - Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Lifetime
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural - Madison 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Carthage 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME

EFFIE JANE McVAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male
5. Color or race White

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

6. (b) Name of husband or wife Fred McVay

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MAY (Month)

1, (Day) 1876 (Year)

8. AGE: Years 68 Months 8 Days 5

If less than one day
hr. min.

9. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Seela

13. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Curr

15. Birthplace X (City, town, or county)

Iowa (State or foreign country)

16. (a) Informant Mr. Fred McVay
(b) Address Route #1, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-45
(Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) Jan. 9 '45 (Date received local registrar) (b) Elizabeth Copelin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6, year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from July 10 1944 to Jan 6 1945
that I last saw her alive on Jan 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hr

Due to Hypertension 5 year

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 832
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?

While at work? (Specify type of place) (a) Means of injury
23. Signature Chas Mitchell (M. D. or other) do
Address Carthage, Mo. Date signed Jan 8 1945

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

9
0
0

1203

(Licensed Embalmer's Statement on Reverse Side)

45-1-86

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..... *Ed [unclear]*

Licensed Embalmer No. *2272*

P. O. Address..... *Carthage*

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.