

FILED FEB 13 1945
Registration District No. 254

Primary Registration District No. 6198

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

1. PLACE OF DEATH:

(a) County TEXAS

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

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

In this community _____ years, months or days 11 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 197

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

(d) Street No. Cass Twp. near Simmons
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NETTIE McHAUL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mae McHaul 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant C. H. Whipple

(b) Address Simmons mo

17. (a) Burial (b) Date thereof Jan 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manassett mo

18. (a) Signature of funeral director Dayton & Elliott

(b) Address Cabool mo

19. (a) 1/22/45 (b) Mrs Roy Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from NOV 15 1944 to JAN 17 1945
that I last saw her alive on JAN 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC OCCLUSION

Duration _____

Due to SENILITY

Due to 942

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature L. M. Bellman (M. D. or other) M.D.

Address Houston Mo Date signed 1-22-45

RECEIVED

District Health Officer No. 5

District File Number 2455-1

Date Filed 2-8-45

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 *Gaylord Vallent*

Licensed Embalmer No. 2252

P. O. Address *Cecil, 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.