S. No. 2
M—8-43
7. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37598

FILED DEC 6 1945

Registration District No. 135 Primary Registration District No. 3127 Registrar's No. 115

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
918 West First St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 41yrs.

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Jasper 47
(c) City or town Webb City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 918 West First St.
(If rural, give location)
(e) Citizen of foreign country? No. 2 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ava Pearl Mc.Mechan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 20 (Day) 1878 (Year)

8. AGE: Years 66 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Jasper County Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Work
11. Industry or business
MOTHER FATHER
12. Name A. C. Carson
13. Birthplace Washington County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Nevada Jane Maxwell
15. Birthplace Washington County Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant J.H.Mc.Mechan Husband
(b) Address 918 West First St. Webb City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City Mo
19. (a) 11-16-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 15 year 1945 hour 2 minute 25 A.M.
21. I hereby certify that I attended the deceased from NOV. 13-45, 19..., to NOV. 15;45, 19...; that I last saw h... alive on NOV. 14; 45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
METASTATIC CARCINOMA OF UTERUS;
PRIMARY SITE OF INFECTION NOT DETERMINED.
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] M.D. (or other)
Address WEBB CITY, MO Date signed 11-16-45

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(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 2859

P. O. Address Webb City 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.