

FILED APR 15 1946
Registration District No. **220**

Primary Registration District No. **4194**

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

1. PLACE OF DEATH

(a) County **Gentry**
(b) City or town **Albany**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **life** years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Gentry**
(c) City or town **Albany**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **May Alice McFall**

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 **John McFall** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 17 1946** (Month) (Day) (Year)

8. AGE: Years **88** Months **9** Days **8** If less than one day hr. _____ min. _____

9. Birthplace **Gentry Co Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER

12. Name **Redmond Whitton**
13. Birthplace **unknown Tenn.** (City, town, or county) (State or foreign country)
14. Maiden name **Jane Patton**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Shuttles**

(b) Address **Albany Mo Feb 27-46**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 27-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Int 3400**

18. (a) Signature of funeral director **Walter Burch**

(b) Address **Albany Mo**

19. **March 15-1946** (Date received local registrar) (b) **Frank H. Rose** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25** year **1946** hour **4** minute **25 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw her alive on **Feb 22 46**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis** Duration: **4 days**

Due to **Myocarditis** 2 yrs +

Due to _____

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

Major findings: Of operations _____ Of autopsy **93e**

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 **0**

23. Signature: **Frank H. Rose** (M. D. or other) **M. D.**
Address: **Albany Mo** Date signed: **Feb 26**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clifford Bush

Licensed Embalmer No. 3329

P. O. Address Albany 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.