S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14076

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(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)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 66 West 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Myra E. McCaffrey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Austin Joseph McCaffrey

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

7. Birth date of deceased December 21st 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	3	24	hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Thomas Alford
13. Birthplace Cape Girardeau (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Susan Hunter
15. Birthplace Allensville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant T. E. Alford
(b) Address Rolla, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary, St. Louis, Mo.

18. (a) Signature of funeral director Smith-Hollow [illegible]
(b) Address Rolla, Missouri

19. (a) April 16, 1946 (Date received local registrar) (b) Mrs Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1946 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-13, 1946 to 4-15, 1946
that I last saw h. alive on 4-15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations
Of autopsy (13) W

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 0

23. Signature E. E. Faud M. D. (M. D. or other)
Address Rolla Mo. Date signed 4-16-46

25 L

(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.....

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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.