S. No. 2
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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. 23142

FILED JUL 26 1946

Registration District No. ____ Primary Registration District No. 4158 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 506 Poplar St. (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 Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30
(c) City or town Buffalo Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 506 Poplar St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Eliza P. McCall

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 Joseph G. McCall 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 12 (Month) 14 (Day) 1865 (Year)

8. AGE: Years 80 Months 6 Days 23 If less than one day ____ hr. ____ min.

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

10. Usual occupation House Keeper

11. Industry or business ____

FATHER
12. Name Azariah McPheeters
13. Birthplace Unknown (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Susanna
15. Birthplace Unknown (City, town, or county) U (State or foreign country)

16. (a) Informant Charles McCall
(b) Address Buffalo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Montgomery-Vorhees
(b) Address Buffalo Mo

19. (a) 7-16-46 (Date received local registrar) (b) Grace Petree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-3-, 1946 to 7-7-, 1946 that I last saw her alive on 7-7-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 5 days
Due to Arterio Sclerosis & hypertension — years
Due to Chronic interstitial nephritis — years
Other conditions Valvular heart disease — 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 G. H. Cunningham (M. D. or other) MD
Address Buffalo Mo Date signed 7-13-46

80 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-46-781
Date Filed 7-24-46

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.