

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED NOV 19 1946**

Registration District No. 227

Primary Registration District No. 433-9-5804

Registrar's No. 50

1. PLACE OF DEATH:

(e) County MONROE  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 1/2 mi. NW of PARIS, MO. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 7 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 69  
(c) City or town RURAL 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 mi. NW of PARIS 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRACE McCALEB

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife WILLIAM E. McCALEB 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased NOV. 23 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5-5-10-15 hr. min.

9. Birthplace LOUISA, Co. IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name FRANK J. PETERS

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

14. Maiden name VIRIA KREMER

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

16. (a) Informant William McCaleb  
(b) Address PARIS, MO. RFD #1

17. (a) BURIAL (b) Date thereof OCT 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST BRANCH, IOWA OCT 11, 1946

18. (a) Signature of funeral director Snyder & Blakey  
(b) Address Paris, Mo.

19. (a) Oct. 28 1946 (b) Elliot R. Kuo M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 8<sup>th</sup>  
year 1946 hour 4 minute 30 AM

21. I hereby certify that I attended the deceased from August 10  
1946 to Oct 8 1946

that I last saw her alive on OCT 8<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Cervix - metastasis Duration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Includes pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature F.A. Barnett (M. D. or other) M.D.  
Address Paris, Mo. Date signed \_\_\_\_\_

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

RECEIVED  
District Health Officer No. 10  
District File Number - 22-46-2049  
Date Filed - NOV - 8 1946

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..... *E. H. Agnew* .....

Licensed Embalmer No. 4000 .....

P. O. Address..... Paris, 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.