

FILED OCT 17 1946

Registration District No.

Primary Registration District No. 3048

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Mo.
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Clearmont, Missouri
(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 Viola McDermott

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 Widow
6. (b) Name of husband or wife Charles C. McDermott 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 4th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days .If less than one day
74 11 27 hr. min.

9. Birthplace Park County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name William Pence
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Cook
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Neva Rhodes
(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 10/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clearmont, Mo.

18. (a) Signature of funeral director Prize Funeral Home
(b) Address Maryville, Missouri

19. (a) Oct. 5, 1946 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
year 1946 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from March 1946 to Oct. 1 1946
that I last saw him alive on Sept. 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Dilatation
Pulmonary Edema
Due to Chronic Myocarditis & Decompression
Due to Chronic Nephritis & Edema
Generalized Arteriosclerosis
Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Duration

Major findings:

Of operations.....
Of autopsy..... 131B

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)
(c) Means of injury.....

23. Signature W.R. Johnson (M. D. or other).....
Address Maryville Date signed 10-2-46

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

1200 7 6 510

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address..... *Maryville 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.