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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 9 1947**  
Registration District No. 227

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41421  
Registrar's No. 62

Primary Registration District No. 5804

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

1. PLACE OF DEATH:  
(a) County MONROE JACOBSON  
(b) City or town RURAL JACOBSON TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: COUNTY INFIRMERY 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM E. MEDCALF  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JUNE 17 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>6</u>	hr. min.

9. Birthplace NEW ARK MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation LABORER

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name JOSEPH MEDCALF  
13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY WISE  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Medcalf  
(b) Address Memphis, Mo. A.F.D.  
17. (a) BURIAL (b) Date thereof 12/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. JUDES MONROE CITY MO

18. (a) Signature of funeral director: WILSON & SONS  
(b) Address MONROE CITY MO  
19. (a) 12-31-46 (b) Elbert Baker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County MONROE 69  
(c) City or town MONROE CITY 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 201 A. Winter St 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 23  
year 1946 hour 5 minute 46 A. M.  
21. I hereby certify that I attended the deceased from Nov 20 to Dec 5, 1946  
that I last saw him alive on Dec 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 1 2/3 B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
Means of injury \_\_\_\_\_  
23. Signature Geo M. [Signature] (M. D. or other) \_\_\_\_\_  
Address Yarnwa Date signed \_\_\_\_\_

RECEIVED  
District Health Officer No. 10  
District File Number - 47-43  
Filed JAN - 7 1947

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 Leslie L. Wilson  
Licensed Embalmer No. 3014  
P. O. Address Manassas, Va

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.