S. No. 2
DM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3672

Registration District No. 337 Primary Registration District No. 6145 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Shelby county
(b) City or town Shelbina, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Seventy years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Reuben Adolphus Metcalf
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 4th (Day) 1866 (Year)
8. AGE: Years 80 Months 3 Days 20 If less than one day hr. min.
9. Birthplace Howard county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name John Metcalf
FATHER 13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER 14. Maiden name Mary Evans
MOTHER 15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Ross Metcalf
(b) Address Lakenan, Missouri
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 1-20-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Mo.
19. (a) 2-1-47 (Date received local registrar) (b) Ruth Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12-15-47, 19..., to 1-22-47, 19...; that I last saw him alive on 1-22-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular Heart disease	4 yrs.
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature G. M. Hood (M. D. or other)
Address Shelbyna Mo. Date signed 1-29-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 16
District File Number 2-47-281
Date Filed FEB - 5 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.