

FILED FEB 20 1947

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 57

1. PLACE OF DEATH: Callaway

(a) County Callaway

(b) City or town Fulton, Mo 704 Jefferson St
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six Years (Specify whether years, months or days)

In this community Six Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. 704 Jefferson St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-29 1947 to 2-7 1947
that I last saw him alive on 2-7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart, with Myocarditis
Arthritis

Duration _____

Due to _____

Due to _____

Other conditions Chentary
(Include pregnancy within 3 months of death)

Major findings: 75 P
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? 0

(a) Signature of funeral director W. O. Payne (Specify type of place) _____
While at work? _____ (c) Means of injury _____

(b) Address 704 Jefferson St, Fulton, Mo.

(a) (Date received local registrar) 2-8-1947 (b) Josie M. ... (Registrar's signature) _____
Address R # 6 Fulton Date signed 2-8-47

3. (a) PRINT FULL NAME DAISY IOLA MCPHEETERS

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 27 hr. min.

9. Birthplace Auxvasse Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER { 12. Name J. J. McPheeters

13. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Henderson

15. Birthplace Concord Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary McPheeters

(b) Address 704 Jefferson St, Fulton, Mo

17. (a) Burial (b) Date thereof 2-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Thallice Funeral Home

(b) Address 704 Jefferson St, Fulton, Mo.

19. (a) 2-8-1947 (b) Josie M. ...
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-19-47

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 *Renzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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: