

FILED MAR 28 1947

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME William J. McCaw

3. (b) If veteran, name war --

3. (c) Social Security No. 498-18-5452

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Strobach McCaw

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 11 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Banking

12. Name Robert McCaw

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Christie

15. Birthplace Unknown Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Fred McCaw

(b) Address 1103 Bishop Rolla, Missouri

17. (a) Burial (b) Date thereof Feb. 9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Hollow

(b) Address Rolla, Missouri

19. (a) 3-17-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. 9th and Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 1
1945, to Jan 7, 1947
that I last saw h. alive on Feb 07, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 3 da.

Due to _____

Due to _____

Other conditions Chromocarditis 5420
(Include pregnancy within 3 months of death) 2471
Chy arthritis PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 E. E. Foy (M. D. or other) _____

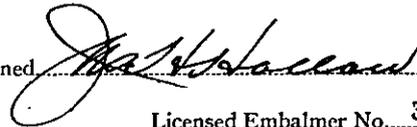
Address Rolla, Mo Date signed 2-10-47

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

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



Licensed Embalmer No. 3643

P. O. Address. Rolla, 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.