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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16296**

FILED APR 18 1947

Registration District No. **370**

Primary Registration District No. **6256**

Registrar's No. **10**

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

1. PLACE OF DEATH:
 (a) County **Wayne**
 (b) City or town **Rural Jefferson T.S.**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Wayne** **///**
 (c) City or town **Rural Jefferson T.S.** **o**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Myrtle M. McLeary**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **4**
 year **1947** hour **8** minute **10** M.

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **John D. McLeary**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 4 1898**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1946, to **April 4**, 1947;
 that I last saw her alive on **April 1**, 1947,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	48	10		hr. _____ min. _____

Immediate cause of death
Carcinoma of Breast with metastasis in chest
 Due to **liver**

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

Due to _____

10. Usual occupation _____

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

11. Industry or business **House Work.**

Major findings: Of operations **50**

12. Name **James Hail**

Of autopsy _____

13. Birthplace **Arab Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nerva Williams**

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

16. (a) Informant **John D. McLeary**

(b) Address **Me Gee, Missouri.**

17. (a) **Burial** (b) Date thereof **4 - 6 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McGee Missouri.**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Missouri**

19. (a) **Apr 18 1947** (b) **Mabel Beasley**
(Data received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature **E. C. Masters** (M. D. or other) **MD.**

Address **Advance, Mo.** Date signed **4-12-47**

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Office File Number 447-542
Date Filed 4-21-47

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..... *Lyman Steele*

Licensed Embalmer No. *2476*

P. O. Address *Kepton 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.