S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 16 1947

Registration District No. 937

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 17761
Registrar's No. 103

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1049 S. McGregor
(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)
In this community: 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1049 S. McGregor St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: MARY ELIZABETH McMICHAEL
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: James R. McMichael
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: September (Month) 24 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	7	2	....hr. ....min.

9. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: retired housewife
11. Industry or business: -----

FATHER
12. Name: David Allender
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: unknown Jackson
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: J. W. McMichael
(b) Address: 808 S. Clinton, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 4-28-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1947 hour 1 minute 00 p.m.
21. I hereby certify that I attended the deceased from Apr 21, 1947 to Apr 26, 1947 and that I last saw her alive on Apr 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: massive cerebral hemorrhage — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis.
Major findings: Of operations: ✓ Of autopsy: ✓

2 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline cause of 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:
23. Signature: L. B. Clinton (M. D. or other) 7140
Address: Carthage, Mo. Date signed: 4/28/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-4-412

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 Lois R. Knell Registered Apprentice No. 404, working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.