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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41459

Registration District No. 127 Primary Registration District No. 4200 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1st Boone township
(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 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. ____
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME MINERVA JANE McCALL

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George McCall

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

7. Birth date of deceased July (Month) 8 (Day) 1860 (Year)

8. AGE: Years 87 Months 5 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles Harman

(b) Address Ash Grove, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 28 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Kelly Cemetery

18. (a) Signature of funeral director Gene A. Bunn

(b) Address Walnut Grove, Mo.

19. (a) 12/27/47 (Date received local registrar) (b) Irene C. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1947 hour 9 minute 9.05 P.M.

21. I hereby certify that I attended the deceased from Dec 26 1947 to Dec 25 1947 that I last saw h. M. alive on Dec 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 1 hour

Due to Coronary Disease — 3 yrs

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 ____

23. Signature Dr. Charles H. Oil (M. D. or other) M.D.

Address Ash Grove Mo Date signed 12/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 47-12-99
Date Filed 12-31-47

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 Rex Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Ash Grove, 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.