

FILED FEB 3 1948
15

State File No.

Registration District No.

Primary Registration District No. 3004

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bickel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BILLY JOHN METCALF

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 Jan 22 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	2 hr. 0 min.

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

10. Usual occupation xxx

11. Industry or business _____

12. Name John Metcalf

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

14. Maiden name Juanita Dickey

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

16. (a) Informant John Dickey

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Jan 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) JAN 24 1948 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1948 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan. 22, 11:00 P.M. to Jan. 23, 11:00 P.M.
that I last saw him alive on Jan. 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature fetal death
24 weeks (non-viable period)

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

Major findings:
Of operations: _____
Of autopsy: _____

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)
(c) Means of injury _____

23. Signature John T. Bickel (M. D. or other) MD
Address Lamar, Mo. Date signed 1/24/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6.

District File Number 148-124

Date Filed JAN 29 1948

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.....

Frank W. Denton....., Registered Apprentice No. 7
working under my personal supervision.

Signed..... Carl H. Mowantz

Licensed Embalmer No. 2247

P. O. Address. Lamar, 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.