S. No. 2
—11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3758

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp #3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo 21 days (Specify whether In this community 2 months 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson 51

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

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

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME MARTHA McCONVILLE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife Ernest McConville

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

7. Birth date of deceased 3 (Month) – 18 (Day) – 1909 (Year)

8. AGE: Years 38 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Strasburg Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Geo. Wheldon
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Angel
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Mo

18. (a) Signature of funeral director Canadey Rapp

(b) Address Holden, Mo

19. (a) 1-21-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 17 year 1948 hour 8 minute 15 a M.

21. I hereby certify that I attended the deceased from 10-26, 1947 to 1-17, 1948; that I last saw her alive on 1-16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Lucetic Meningo-encephalitis

Due to ✓

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

Major findings: Of operations ✓

Of autopsy ✓

30 B

Duration

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 R G Hall (M. D. or other)

Address Nevada Mo Date signed 1-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-47-3080
Date Filed 1-27-48

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.