

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3793

State File No.

FILED FEB 4 1948

Registrar's No. 6

Registration District No. 373

Primary Registration District No. 6269

1. PLACE OF DEATH:

(a) County Webster
(b) City or town N.E.O. Ozark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N.F. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112
(c) City or town Ozark
(If outside city or town limits, write "RURAL")
(d) Street No. Ozark township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1948 hour 4 minute PM

21. I hereby certify that I attended the deceased from 11/5 1946 to 1/3 1948
that I last saw him alive on 12/27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver

Duration

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature [Signature] (M. D. or other) D.O.
Address Marshfield, Mo. Date signed 1/19/48

3. (a) PRINT FULL NAME William S. McVay

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: June - 7 - 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 26 If less than one day X hr. X min.

9. Birthplace: Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William McVay

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

14. Maiden name Eliza Jane Plank

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

16. (a) Informant Maury McVay

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 1-5-48
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Eberhart

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) 1-22-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 248-184

Date Filed FEB 3 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3312

P. O. Address [Signature]

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.