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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15167

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles H. Metcalf,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Daisy Metcalf

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. (Month) 6 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	11	hr. min.

9. Birthplace White Co. (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Roe Metcalf
13. Birthplace White Co., (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Lucinda York
15. Birthplace White Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Daisy Metcalf
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 48 (Month) (Day) (Year)
(c) Place: burial or cremation Hagy Cemetery,

18. (a) Signature of funeral director Watkins Funeral Ser
(b) Address Dexter, Mo.

19. (a) 4-20-48 (Date received local registrar) (b) Velma V. Jankins (Registrar's signature) 409

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/30/48, 19 to 4/17/48 19
that I last saw him alive on April 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Cardio-vascular Renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 R

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 [signature] (M. D. or other)

Address [illegible] Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 448-559
Date Filed 4-28-48

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.