. No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 143

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. H-557

State File No. 16176

Registrar's No.

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Pomona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 63
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howell
(c) City or town: Pomona
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Nicholas McMahan
3. (b) If veteran, name war: No
3. (c) Social Security No.: 490-12-1049

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Fassie McMahan
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: February 28, 1885 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 14 If less than one day hr. min.

9. Birthplace: Dent County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: W. N. McMahan
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Liza Shamwell
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Fassie McMahan
(b) Address: Pomona, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Zion
18. (a) Signature of funeral director: Robertson's
(b) Address: West Plains, Mo.
19. (a) 6-10-48 (Date received local registrar) (b) Marthalou Bollich (Registrar's signature) 297

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 4/10/48, 1948 to 4/12/48, 1948 that I last saw him alive on 4/12/48, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	10 hrs
Due to: Myocarditis	4 yrs
Due to: Acute Rheumatism	10 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Manuel Thompson (M. D. or other)
Address: West Plains Mo. Date signed 4/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

M. Thompson

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

RECEIVED
District Health Officer No. 6,
District File Number 5-48336
Date Filed 5-21-48

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 Robert V. Hragos, Registered Apprentice No. 432, working under my personal supervision.

Signed L. L. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 143 Primary Registration District No. 4557 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution:
(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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles N. McMahan

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 m

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 28 (Day) 1880 (Year)

8. AGE: Years 63 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) 6/10/48 (Date received local registrar) (b) Marshalee Bailard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 12
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-16176