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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16764

Registration District No. 737 Primary Registration District No. 5589 Registrar's No. 106

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: rural- Union Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1, Reeds, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: rural- Route 1 (If outside city or town limits, write "RURAL")
(d) Street No.: Reeds, Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: MARY ESTELLA MICHAEL
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: James L. Michael
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: January (Month) 6 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	3	24	..... hr. ..... min.

9. Birthplace: Jasper County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business: ----

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

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

16. (a) Informant: Mrs. Albert Conard
(b) Address: Route 1, Reeds, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudman Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) May 1-1948 (Date received by registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 2:35 minute p M.
21. I hereby certify that I attended the deceased from Oct 25, 1947, to April 30, 1948; that I last saw h. alive on April 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chronic interstitial nephritis	6 mo
Due to	
Due to	
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: Geo. H. Bragdon (M. D.)
Address: Reeds, Mo. Date signed 5-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-5-374

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.