DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23722

Registration District No. 251 | Primary Registration District No. 3048 | Registrar's No. 194

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(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
In this community 5 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville (If outside city or town limits, write "RURAL") 5
(d) Street No. (If rural, give location) D
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul David McDermit
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Oliva Mary McDermit
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan. 7 1908 (Month) (Day) (Year)

8. AGE: Years 40 | Months 6 | Days 26 | If less than one day hr. min.

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

MOTHER FATHER
12. Name Delbert McDermit
13. Birthplace (City, town, or county) Ohio (State or foreign country)
14. Maiden name Tillie McDermit Fannin
15. Birthplace Maryville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Oliva Mary McDermit
(b) Address 135 S. Vine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mizpah Maryville.
18. (a) Signature of funeral director [illegible]
(b) Address Maryville Mo.
19. (a) 8-6-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1948 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Aug 3, 1948, to Aug 3, 1948; that I last saw h. alive on August 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occlusion	1 Hour
Due to: Hodgkins Disease	6 mo.
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:
(c) 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 [illegible] (M. D. or other) M.D.
Address 131 S. Main Maryville Date signed 8/4/48

(Licensed Embalmer's Statement on Reverse Side)

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 G M Aldridge

Licensed Embalmer No. 2279

P. O. Address Marysville Pa

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.