PEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 390

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6014

State File No. 27372

Registrar's No.

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Higbee Mo. Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph 88
(c) City or town: Higbee Mo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Callie McCue
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 17 (Day) 1860 (Year)

8. AGE: Years 77 Months 9 Days 15 If less than one day hr. min.

9. Birthplace: Saline Co. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
MOTHER FATHER
12. Name: Wash Brown.
13. Birthplace: Dont Know. (City, town, or county) (State or foreign country) 9
14. Maiden name: Dont Know.
15. Birthplace: Dont Know. (City, town, or county) (State or foreign country) 9
16. (a) Informant: Albert Snoddy
(b) Address: Higbee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshall Mo.
18. (a) Signature of funeral director: Joe W Burton
(b) Address: Higbee Mo.
19. (a) 9-3-48 (Date received local registrar) (b) J. W. Winn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1948 hour 7 minute 15 a. M.
21. I hereby certify that I attended the deceased from Aug 27 1948 to Sept 2 1948 that I last saw h. alive on Sept 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of uterus	1 yr mo
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: HSD
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
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: V S Pelum (M. D. or other)
Address: Higbee, Mo. Date signed 9-4-48

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

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

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 E. W. Fremouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.

2B
45
43880

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. 27372 Sept

Registration District No. 390 Primary Registration District No. 6014 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural
(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 Callie McCue

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov - 17 1860
(Month) (Day) (Year)

8. AGE: Years 77 Months Days 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) Sept 3-48 (Date received local registrar) (b) J. H. Hunter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 2
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 J. H. Hunter (M. D. or other)

Address Higbee MO Date signed

SUPPLEMENTARY

S-27372