No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 333345

Registration District No. 155 | Primary Registration District No. 4245 | Registrar's No. 152

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Oronogo
(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: 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Oronogo
(If outside city or town limits, write "RURAL")
(d) Street No.: 307 Grant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GEORGE McPHAIL
3. (b) If veteran, name war:
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: Hazel McPhail
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 27 (Day) 1894 (Year)

8. AGE: Years 54 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace: Watertown (City, town, or county) S. Dakota (State or foreign country)
10. Usual occupation: Millman
11. Industry or business:
FATHER 12. Name: Alexander McPhail
13. Birthplace: Canada (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza McClern
15. Birthplace: Canada (City, town, or county) (State or foreign country)
16. (a) Informant: Hazel McPhail Wife
(b) Address: Oronogo, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City Mo
19. (a) OCT. 12 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: October day: 9th year: 1948 hour: 8 minute: 15 AM.
21. I hereby certify that I attended the deceased from July 19, 1948, to October 9, 1948; that I last saw him alive on October 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Silicotuberculosis	1 1/2 yrs.
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: [signature] (M. D. ~~Coroner~~)
Address: Webb City, Mo. Date signed: 10/4/48

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

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

48-10-851

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 Leonard G. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City 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.