

No. 300  
1-10-47  
5-17-39  
I 3904

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33415

FILED NOV 10 1948  
Registration District No. 172

Primary Registration District No. 5642

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Waverly Mo. rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Madison Hosp  
(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 Kansas (b) County Crawford

(c) City or town Pittsburg  
(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 Henry L McCaw

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1948 hour 2 minute \_\_\_\_\_ P.M.?

21. I hereby certify that I attended the deceased from acting coroner 10-15-48 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 16 1896  
(Month) (Day) (Year)

Immediate cause of death Fractured skull

Due to motor car accident on Highway 24 one mile west of Waverly Mo.

Other conditions 170 cc  
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Not known  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

12. Name Not known

13. Birthplace LL  
(City, town, or county) (State or foreign country)

14. Maiden name LL

15. Birthplace LL  
(City, town, or county) (State or foreign country)

Major findings: Of operations: no operation

Of autopsy no autopsy

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Henry McCaw

(b) Address Pittsburg Kansas

17. (a) Removal (b) Date thereof 10-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York S. Caroline

18. (a) Signature of funeral director J. Schupp

(b) Address Springer, Mo.

19. (a) 10-18-48 (b) Clayton St. Lawrence  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 54

(b) Date of occurrence 10-15-48

(c) Where did injury occur? Waverly Lafayette Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on National Highway No 24.  
(Specify type of place)

While at work driving car Means of injury \_\_\_\_\_

23. Signature W. M. Hartman (M. D. or other) \_\_\_\_\_  
Address Lord's in Mo Date signed 10/27/48

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

10-1-48

DEC 7 1948

NOV 10 1948

7-10-48

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.**