No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. 2-4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37699

Primary Registration District No. 3056

Registrar's No. 288

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 220 West Reed 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days) In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph
(c) City or town: Rural (If outside city or town limits, write "RURAL") Prairie
(d) Street No. R.F.D. #4 Clark. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOSEPH ANDERSON McCUNE

3. (b) If veteran, name war: none

3. (c) Social Security No. 491-14-2636

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Helen McCune

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Dec. 19 1911 (Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 25 If less than one day hr. min.

9. Birthplace: Clark (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Kelly McCune
13. Birthplace: Clark (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Lucy Dougherty
15. Birthplace: Howard Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Helen McCune
(b) Address: RFD #4 Clark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 15 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chapel Grove Cemetery

18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri

19. (a) 11/15/48 (Date received by local registrar) (b) Jack Williams Rowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 13th 11 year 1948 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1948, to Nov 13 1948, that I last saw him alive on Nov 13 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Ac. Cardiac Collapse — Duration: 2 min

Due to: Myocarditis Chronic Decomp.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: None
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)
(e) While at work? Means of injury

23. Signature: H. Griffith (M. D. or other)
Address: Moberly Date signed 11/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1985
Date Filed NOV 22 1948

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.