

State File No. \_\_\_\_\_

Registration District No. 3310 Primary Registration District No. 6133 Registrar's No. 235

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution: None!  
(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) 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Mid Ridge Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) Rural Newton Mo.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie McCall

3. (b) If veteran, name war. No

3. (c) Social Security No. No.

4. Sex F

5. Color or race W

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23  
year 1949 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from 5-4 1949 to 7-22 1949  
that I last saw him alive on 7-22 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
anoxemia

Due to Anemia

Due to Senility 7150

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 67 Months 19 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant Jennie McCall

(b) Address Mid Ridge Mo.

17. (a) Burial (b) Date thereof July 25 - 49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home Bethel Care

18. (a) Signature of funeral director Joe Shannon

(b) Address Mid Ridge Mo.

19. (a) 8-1-49 (b) Ellen McCall  
(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) \_\_\_\_\_

(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? No

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Ellen McCall (Date of signature) 7-23-49  
Address \_\_\_\_\_ Date signed 7-23-49

RECORDS SECTION - MAKE A PERMANENT RECORD

RECEIVED 8-8-49

District Health Officer No. 5,

District File Number 849561

Date Filed 8-13-49

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. 4324

P. O. Address New York

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.