

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21758

State File No. ....

Registrar's No. ....

Registration District No. 553

Primary Registration District No. 4325

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Mercer, Mo. town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether years, months or days) all her life

3. (a) PRINT FULL NAME Rachel McCargue

3. (b) If veteran, name war ..... 3. (c) Social Security No. No

4. Sex female 5. Color or race White 6. (a) Single, widowed, married married  
divorced

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive 78 years

J. A. McCargue  
7. Birth date of deceased April 5 1860 (Year)

8. AGE: Years Months Days If less than one day  
82 2 8 hr. min.

9. Birthplace Mercer Co. Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

12. Name Benjamin Wright

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

14. Maiden name Kindred

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

16. (a) Informant J. A. McCargue

(b) Address Mercer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of death June 13 1942

(c) Place: burial or cremation Lineville, Iowa

18. (a) Signature of funeral director James E. Allen

(b) Address Lineville, Mo.

19. June 13 1942 (Date received local registrar) (b) James E. Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from June 13 1942 to June 13 1942  
that I last saw her alive on June 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease Duration

Due to intermediate fibroid attack

Due to .....

Other conditions 56 lb  
(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?

While at work? No (Specify type of place) (e) Means of injury Heart

23. Signature James E. Allen (M. D. or other)

Address Mercer, Mo. Date signed 6-15/42

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2634

P. O. Address Peru, 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.**