

AUG 4

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25206

Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 3008  
(c) City Fulton (d) Street No. State Hosp. #1 St. Mo.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 25 (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 180

## 2. PRINT FULL NAME

(a) Residence, No. Butledge mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Mc Cabe.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 79 6 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Wallis Funk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Mahalla Parcells16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) State Hosp. #1 Fulton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Edina, Mo. DATE July 7, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. G. Mangin 700 Court St. Fulton, Mo.20. FILED July 6, 1939 R. N. Crews Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 193922. I HEREBY CERTIFY, THAT I attended deceased from June 14, 1939 to July 6, 1939

I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer (Adenocarcinoma of Cervical glands with gen. metastases)  
Other contributory causes of importance: Myocardial Pathology 53  
Obesity  
Secondary Anemia

Name of operation..... Date of.....

What test confirmed diagnosis? Exp. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Geo. J. Wood, M. D.(Address) State Hosp. #1 Fulton, Mo.

**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.....

*John D. Batchelder*, Registered Apprentice No. *192*  
working under my personal supervision.

Signed *Glen Y. Mangin*  
Licensed Embalmer No. *2725*  
P. O. Address *Fulton, 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, above space should be left blank.**