

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19757

State File No.

JUN 14 1940 853
Registration District No.

Primary Registration District No. 6124

Registrar's No.

05
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Pollock Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 210
In this community years, months or days

3. (a) PRINT FULL NAME Mary Ann McCabe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (b) Name of husband or wife James McCabe
7. Birth date of deceased March 18, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 20
If less than one day min.

9. Birthplace Mouthier Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home on farm

11. INDUSTRY OR BUSINESS
MOTHER, FATHER
12. Name William Hostetter
13. Birthplace Illinois
14. Maiden name Nancy Ann Waggoner
15. Birthplace Illinois

16. (a) Informant Mrs. Alva Baldrige
(b) Address Crowning, Mo.

17. (a) Burial (b) Date thereof May 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deeds Cemetery

18. (a) Signature of funeral director Deeds
(b) Address Milan, Mo.

19. (a) June 6, 1940 (b) Registrar's signature C. W. Hagan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Pollock Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Doubt # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1940 hour 75 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____; and that death occurred on the _____ and hour stated above.

Immediate cause of death Sudden a heart attack as the did suddenly;
Due to natural causes

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 200

Major findings: Of operations
Of autopsy

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) While at work? (e) Means of injury

23. Signature J. C. Roberts, Crow (M. D. or other) 76.9
Address Pollock, Mo. Date signed 5/13/40

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1197

Date Filed JUN 11 1940

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

Frank D. Schoene

Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank D. Schoene

Licensed Embalmer No. 2916

P. O. Address Wiley, 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.