

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40651

State File No.

Registrar's No. 81

FILED JAN - 9 1948
Registration District No.

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(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
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dr. William G. Mefford

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tacie 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 13hr.min.

9. Birthplace Frankfort, Pike Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business
12. Name Gabael Mefford
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Unwin
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tacie Mefford
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 1-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkinbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 1-5-43 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 24
1947 to Jan 1 1948
that I last saw him alive on Jan 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 3 Day

Due to Chronic Myocarditis
Due to

Other conditions (Include pregnancy within 3 months of death) 930

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature M. C. Denton (M. D. or other) 1-4-48
Address Ava Mo Date signed 1-4-48

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

34
1
0

34
1
0

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..... *F. A. Steffe*
Licensed Embalmer No. *3221*
P. O. Address *Manassas Va*

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.