

No. 2
-2-43
5-17-39
1 X35697

FILED FEB 18 1944

Registration District No. 35

Primary Registration District No. 5255

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon, Tenn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Waller ³⁰

(c) City or town Buffalo
(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 _____

3. (a) PRINT FULL NAME John A. McCall

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex male Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 24 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	5	24	hr. min.
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9. Birthplace: Buffalo Mo. U.S.
(City, town, or county) (State or foreign country)

10. Usual occupation Auto mechanic

11. Industry or business Garage

12. Name Joe McCall

13. Birthplace Buffalo Mo. U.S.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza McPherson

15. Birthplace Buffalo Mo. U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (b) Date thereof Jan. 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Mo.

18. (a) Signature of funeral director J. J. Jones

(b) Address Buffalo, Mo.

19. (a) 1-20-44 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7 1944 to Jan. 17 1944
that I last saw him alive on Jan. 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis over 2 yrs.

Due to _____

Due to _____

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

Major findings: Of operations BR

Of autopsy _____

Duration

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? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Y. T. ... (M.D. or other) MD
Address Mo. St. San. Date signed 1/18/44

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

MOTHER FATHER

1358

RECEIVED

District Health Officer No. 01

District File Number 244-237

Date Filed FEB 15 1944

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.