

FILED JUN 9 1944

Registration District No. 25-1

Primary Registration District No. 2048

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Nadaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Frances Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

In this community 6 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Forbes
(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: _____

3. (a) PRINT FULL NAME William Edward Metcalf

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

4. Sex Male 5. 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 13 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from April 30, 1944, to May 3, 1944.
that I last saw him alive on May 2, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Forbes Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Store Clerk

Immediate cause of death: Sepemic Intussusception

Due to: Bowel Obstruction

Due to: Cancer of Colon

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

MOTHER FATHER

11. Industry or business _____

12. Name George Thomas Metcalf

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

14. Maiden name Catherine Mary Scott

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

16. (a) Informant Lonnie Metcalf
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof May 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forbes, Missouri

18. (a) Signature of funeral director Jessie H. Pettigrew
(b) Address Oregon Mo

19. (a) 5-11-44 (b) Cliff Barber
(Date received local registrar) (Registrar's signature)

Major findings: Colostomy April 30, 1944

Of operations: _____

Of autopsy: H62

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) (e) Means of injury _____

23. Signature W.R. Johnson (M. D. or other) _____
Address Maryville Mo Date signed 5/3/44

Duration _____

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

W. R. Jackson

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

James H. Pettigrove

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.