S. No. 2
M—8-13
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 6

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3001

State File No. 27092

Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1415 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community 25 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 415 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: BESSIE C. McAFEE
3. (b) If veteran, name war .....
3. (c) Social Security No. 486-20-8059
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: John Cooper McAfee
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: June (Month) 22 (Day) 1885 (Year)

8. AGE: Years 59 Months 2 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife - Presser
11. Industry or business: Ely & Walker Dress Factory
MOTHER FATHER
12. Name: John F. Baxter
13. Birthplace: Marion County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Frances Bower
15. Birthplace: ..... (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs W. S. Foster
(b) Address: Palmyra, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra, Mo
18. (a) Signature of funeral director: W. S. Waters
(b) Address: Vandalia, Mo
19. (a) Sept 2 1944 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1944 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from Aug. 31, 1944, to Sept. 1, 1944, that I last saw him alive on Sept. 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to: Hypertention	
Due to:	
Other conditions (include pregnancy within 3 months of death)	
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 2

23. Signature: J. R. Dougherty (M. D. or other) DO
Address: Vandalia, Mo Date signed 9/2/44

1013 (Licensed Embalmer's Statement on Reverse Side)

MAR 1 1946

RECEIVED
District Health Officer No. 10
SEP 18 1944
District File Number 9-44-1592
Date Filed SEP 12 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 N. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia 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.