

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 23 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99

Primary Registration District No. 4168

Registrar's No. 55

1. PLACE OF DEATH:

(a) County DEKALB

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB 32

(c) City or town MAYSVILLE 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME WYNNA MAY McPHERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SI

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased MAY 11 - 1868
(Month) (Day) (Year)

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

77 2 16 hr. min.

9. Birthplace OSBORN MO. 0
(City, town, or country) (State or foreign country)

10. Usual occupation HT. HOME

11. Industry or business _____

12. Name CHARLES McPHERSON

13. Birthplace INDIANA
(City, town, or country) (State or foreign country)

14. Maiden name MARY MONTGOMERY

15. Birthplace INDIANA
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs. Hattie McPherson

(b) Address Maysville Mo

17. (a) Burial (b) Date thereof 7-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial MAYSVILLE CEMETERY

18. (a) Signature of informant PICKER FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) 7-28-45 (b) John Clarke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
year 1945 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 10 1945 to July 27 1945
and that I last saw him alive on July 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma descending colon

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy H&E

Duration 4 mo

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or D.P.M.)
Address MAYSVILLE MO Date signed 28-45

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

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.....

Licensed Embalmer No. *3960*

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.