

29477

State File No. _____
 Registrar's No. 64

FILED OCT 8 1946

Primary Registration District No. 4025

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Wheaton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Ellison hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County McDonald
 (c) City or town Rocky Comfort R.R. #1
 (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 Nellie McGarrah
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 20
 year 1946 hour 12 minute 50 P.M.

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife J.R. McGarrah
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Oct. 30, 1897
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/5
 1946 to 9/20 1946
 that I last saw her alive on 9/20
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>30</u>	hr. _____ min. _____

Immediate cause of death
acute Myocardial Failure Duration 2 hrs

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

Due to Lobar Pneumonia (Bath Sings -) 2 wk

10. Usual occupation Housekeeper

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

11. Industry or business _____
 12. Name R.J. Hewes
 13. Birthplace Kans.
 (City, town, or county) (State or foreign country)
 14. Maiden name Fannie Whitaker
 15. Birthplace Neb.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 108

16. (a) Informant J.R. McGarrah
 (b) Address Rocky Comfort, Mo.
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-24-46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Owsley cemetery

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? _____ (c) Means of injury _____

18. (a) Signature of funeral director Charles Williams
 (b) Address Goodman, Mo.
 19. (a) Sept 24-46 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

23. Signature John P. Ellison (M. D. or other) MD
 Address Wheaton Mo Date signed 9/21/46

RECEIVED

District Health Officer No. 6,

District File Number 1046-1030

Date Filed OCT 7 1946

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 Maureen Williams Prickett

Licensed Embalmer No. 4166

P. O. Address London, 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.