

FILED APR 2 1947

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Monroe County  
(b) City or town Monroe City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether years, months or days) 1 year

3. (a) PRINT FULL NAME Eva B. Mefford

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob M. Mefford 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: 12 26 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Dan Ball

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

14. Maiden name Sarah Lee

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

16. (a) Informant Jacob M. Mefford

(b) Address Monroe City, Missouri

17. (a) Burial (b) Date thereof 3-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunnell, Missouri

18. (a) Signature of funeral director Million & Barkelew

(b) Address Shelbina, Missouri

19. (a) Mar. 24, 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69  
(c) City or town Monroe City, Missouri 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb. 24 1947 to March 16 1947,  
that I last saw her alive on March 16 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 3 Wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Chronic Myocarditis 1 Yr. Duration  
(Include pregnancy within 3 months of death) PHYSICIAN

Major findings: 108  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (M. D. Cause) \_\_\_\_\_

23. Signature [Signature] (M. D. Cause) \_\_\_\_\_

Address Monroe City, Mo Date signed 3/22/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 447-603  
Date Filed APR - 1 1947

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.....

*James W. Davis*....., Registered Apprentice No. *443*  
working under my personal supervision.

Signed *Dwight G. Bartelme*.....  
Licensed Embalmer No. *3835*  
P. O. Address *Shelburne, Vt*

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.