. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26576

FILED JUL 23 1947

Registration District No. 3608

Primary Registration District No. 6238

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: 3 miles west of Caledonia
(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 Missouri (b) County Washington

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

(d) Street No. 3 miles west of Caledonia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Cass B. McNabb

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Omelia McNabb

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan. 22 (Month) 1871 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	26	..... hr. ..... min.

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

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name Ross McNabb
13. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Laura Josephine Blanchard
15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Omelia McNabb

(b) Address Caledonia Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address R. White Ironton Missouri

19. (a) 7. 14 47 (Date received local registrar) (b) Ella S White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sep 1-1946, 19..., to June 18, 1947; that I last saw him alive on June 18 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	7 days
Nephritis chronic	10 mo
Hypertension	6 mo
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy non	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: non

(a) Accident, suicide, or homicide (specify) no

(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 —

23. Signature U P Duckworth (M. D. or other)

Address Desloge Mo Date signed 6-24-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 747-947
Date Filed 7-21-47

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 Arcel J. White

Licensed Embalmer No. 3012

P. O. Address Gordon Neb.

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.