

FILED OCT 20 1947

Registration District No. **270**

Primary Registration District No. **4427**

Registrar's No. **130**

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

1. PLACE OF DEATH:

(a) County Pulaski

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

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

(d) Length of stay: In hospital or institution 76 days
(Specify whether years, months or days)

In this community 76 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

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

(d) Street No. 1400 Pine
(If rural, give location)

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

3. (a) PRINT FULL NAME Jean I. McCaw

3. (b) If veteran, name war --

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 22, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation Secretary

11. Industry or business _____

12. Name Robert McCaw

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

14. Maiden name Anna Christie

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

16. (a) Informant Fred McCaw

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof Oct. 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Hollow
(b) Address Rolla, Missouri

19. (a) Oct. 15, 1947 (b) Helma C. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1947 to Oct 11, 1947
that I last saw her alive on Oct 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of inner ear, (type undetermined)

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 53

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 E. E. Fain M.D. (M. D. or other) _____
Address Rolla, Mo. Date signed 10-14-47

JAN 27 1948

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 *J. H. Hallaw*
Licensed Embalmer No. 3643
P. O. Address Rolla, Missouri

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.