No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11441

Registration District No. 14 Primary Registration District No. ~~4069~~ 5063 Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Barton

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton 6

(c) City or town: Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 5½ miles north of Iantha, Mo. (If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME: Ella Jane Buck Metcalf

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Lee Metcalf

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June (Month) 19 (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county) ____ (State or foreign country): Michigan

10. Usual occupation: Housewife

11. Industry or business ____

FATHER 12. Name: Uriah Buck

FATHER 13. Birthplace (City, town, or county) ____ (State or foreign country): Pennsylvania

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace (City, town, or county) ____ (State or foreign country): Pennsylvania

16. (a) Informant: Mr. Lee Metcalf

(b) Address: Iantha, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 29, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Barton City Cemetery

18. (a) Signature of funeral director: Chiles Funeral Home

(b) Address: Lamar, Missouri

19. (a) Feb 29 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1948 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from February 24, 1948 to ____ 19____; that I last saw h. alive on February 24 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to:	2 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: 0

23. Signature: D. Gulsner (M. D. or other)

Address: LAMAR Date signed 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-447
Date Filed ~~APR 30 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 Clarence W Giles

Licensed Embalmer No. 3473

P. O. Address Lamar 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.

No. 2B
M—3-45
P I X43880

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. May

Registration District No. 14 Primary Registration District No. 5063 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella J. B. Metcalf
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 19 (Day) (Year)
8. AGE: Years 85 Months 8 Days Hours if less than one day min.
9. Birthplace (City, town, or county) Mich. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 21 Day year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to Lobar Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. R. Gulden (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-11441