

No. 2  
-12-45  
-17-39  
X47070

133284

State File No. \_\_\_\_\_

FILED MAY 1 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 7040

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
Chillicothe Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 3 days  
(Specify whether years, months or days)

In this community 73 years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

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

(d) Street No. 9 miles south of Chillicothe 0  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John McKerlie

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

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

6. (b) Name of husband or wife Cora A. Dawson 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 23 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 10 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name William McKerlie

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

14. Maiden name Marilla Waite

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

16. (a) Informant Mrs. T. M. Adams,

(b) Address Dawn, Missouri

17. (a) Burial (b) Date thereof 4-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welsh Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) April-16-48 (b) Francis B. Neill  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 1948 to April 15 1948 that I last saw him alive on April 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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

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

Other conditions acute congestive heart failure  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Joseph F. Dale (M. D. or other) M. D.  
Address Chillicothe, Mo Date signed April 16 48

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

---

---

**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 Elton Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.**