

Registration District No. **11**

Primary Registration District No. **5042**

1. PLACE OF DEATH:

(a) County **Barry Liberty Tp.**
 (b) City or town **Egbert (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)
 In this community **50 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
 (c) City or town **Egbert (rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **8 mi. W. of Egbert**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Elijah Metcalf

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 **Widowed**

6. (b) Name of husband or wife **Mary Frances Metcalf**

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

7. Birth date of deceased **Dec 23 1856**
 (Month) (Day) (Year)

8. AGE: Years **89** Months **1** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Estel Co. Ky.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farming**

11. Industry or business _____

12. Name **Hiram Metcalf**

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

14. Maiden name **Mary Ann Gabbard**

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

16. (a) Informant **Mrs. Lizzie Nickman**

(b) Address **Egbert, Mo.**

17. (a) **Burial** (b) Date thereof **1-26-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Family Cemetery**

18. (a) Signature of funeral director **Blankenship's Funeral Home**

(b) Address **Monett, Missouri**

19. (a) **Jan 28 - 1946** (b) **Grace Williams**
 Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **24**
 year **1946** hour **4** minute **15 PM.**

21. I hereby certify that I attended the deceased from **Dec - 25 - 1945** to **Jan - 24 - 1946**
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Senile Dementia**
 Due to **old age**
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy **162b**

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)
 (a) Means of injury **0**
 23. Signature **O. S. McCall** (M. D. or other)
 Address **Whitaker Mo.** Date signed **1-25-46**

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

3539

RECEIVED

District Health Officer No. 6.

District File Number 146-170

Date Filed FEB 25 1946

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.