

S. No. 2  
M-543  
7-5-17-39  
I X36671

10234

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED APR 6 1945

Registration District No. 2222

Primary Registration District No. 3794

1. PLACE OF DEATH:

(a) County MONITEAU  
(b) City or town RURAL, SOUTH MONITEAU  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE, 7 Mi. S.E. Tipton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 Miles S.E. Tipton  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NATIVE

3. (a) PRIMARY FULL NAME MALISSA Mc PHERSON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife J.G. Mc PHERSON 6. (c) Age of husband or wife if alive DEAD years  
7. Birth date of deceased SEPTEMBER, 9th. 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 6 19 hr. min.

9. Birthplace MONITEAU COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

12. Name ISSAC HILL

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

14. Maiden name SARAH ANN HALLFORD

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

16. (a) Informant MRS. LEWIS WILLIAMS

(b) Address CLARKSBURG, MO.

17. (a) BURIAL (b) Date thereof 3/30/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director James E. Richards

(b) Address Tipton, Missouri

19. (a) 3-28-45 (b) Gannie M. Needels  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28  
year 1945 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from July 2  
1943, to March 27 1945.  
that I last saw her alive on March 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day  
Due to Generalized arteriosclerosis 15 years

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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 MO. O

23. Signature Keryon Latham (M. D. or other) \_\_\_\_\_

Address California, Mo Date signed 3-28-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

008

734

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.**