N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29626
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No. 533
(b) Township Hudson — Primary Registration District No. 3027 — Registered No. 66
or
(c) City Macon — (d) Street No. 705 North Pearl St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

526

2. PRINT FULL NAME Grace E. Yuncker.
(a) Residence, No. 705 North Pearl St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion C. Yuncker.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1872
7. AGE Years 67 Months 3 Days 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freemont, Ohio.

FATHER
13. NAME Stiles. Rich.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New England. States

MOTHER
15. MAIDEN NAME Katherine Herdie.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Marion C. Yuncker. Macon, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE 8/23/39 19
19. FUNERAL DIRECTOR (NAME) Albert Skinner.
(ADDRESS) Macon, Mo.
20. FILED 8/24 1939 Leota Newton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from March - 3, 1938, to Aug - 22, 1939
I last saw her alive on Aug - 22, 1939. Death is said to have occurred on the date stated above, at 9:30 P. M.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset ?

124 h

Other contributory causes of importance:
Myocardial inefficiency with dilatation

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Neither Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A L Combre, M. D.
(Address) Atlanta Mo

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-39-1630
Date Filed SEP 11 1939

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 George H. Hile, Registered Apprentice No. ..... working under my personal supervision.

Signed George H. Hile

Licensed Embalmer No. 4066

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.