

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

FILED JAN 20 1941

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 78

1. PLACE OF DEATH:

(a) County macon

(b) City or town macon

(c) Name of hospital or institution: H 14 N. Rubeney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2
years, months or days

3. (a) PRINT FULL NAME Lydia Smith

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

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

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

7. Birth date of deceased June 7 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Canton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business 9

MOTHER FATHER { 12. Name John A Hamilton

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

14. Maiden name Cooper

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Smith

(b) Address macon mo

17. (a) burial (b) Date thereof 12/30-40
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Adolf Skunusa

(b) Address macon mo

19. (a) 1/6/41 (b) Seola Kenton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County macon

(c) City or town macon
(If outside city or town limits, write "RURAL")

(d) Street No. 414 N. Rubeney St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from 1936 to Dec 28, 1940
that I last saw hu alive on Dec 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 2 hours

Due to Coronary Sclerosis 2 yrs.

Due to _____

Other conditions (include pregnancy within 3 months of death) 44 1/2

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? 476

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J J Turner (M. D. or other) _____
Address macon mo Date signed 1/3/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-41-134

Date Filed JAN 18 1941

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.....

Licensed Embalmer No. 4864

P. O. Address.....

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.