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23159

MAY 23 1941 STANDARD CERTIFICATE OF DEATH

Registration District No. 529

Primary Registration District No. 570-5

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution:
Some South East of Beaver, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rancy J Page

3. (b) If veteran, name war _____ (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 Oct 4 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation House-keeper

11. Industry or business _____

12. Name Clara Vestal

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

14. Maiden name Mary Rose

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

16. (a) Informant Willet Peterson

(b) Address Rt 1 Macon

17. (a) burial (b) Date thereof 4/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Albert Skewen

(b) Address Macon Mo

19. (a) May 9-1941 (b) Mrs R. W. Dowd
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

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

(d) Street No. Some South East of Beaver, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Mar 17, 1938, to April 20, 1941
that I last saw her alive on April 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 or 4 day

Due to coronary sclerosis 10 yrs

Due to generalized arterio-sclerosis 15 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 413

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

23. Signature J F Turner (M. D. or other) _____

Address Macon, Mo Date signed 5-6-41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-943

Date Filed MAY 19 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. 4066

P. O. Address Macon, Ga.

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.