

FILED JUL 14 1946

Registration District No.

Primary Registration District No.

425-75611

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Coast Oak Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD, #5 Warrensburg Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not
(Specify whether
In this community 59 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town RFD. 5 Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. Rfd 5 Warrensburg
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maria Bell Cecil

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Columbus Cecil 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July 27 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 5 hr. min.

9. Birthplace Rockingham West Va.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name George Smaltz
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Orndoff
15. Birthplace Un known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Cecil

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cornelia Cem

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) June 6 1946 (b) Mr. Memmie O. Harrell
(Type received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1946 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 10 to 10
June 2 1946 to June 10 1946
that I last saw him alive on June 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis
Duration 1 hr

Due to AGE
Due to Sclerotic Arteries

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations gfo
Of autopsy gfo
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? Warrensburg
(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) (e) Means of injury 1

23. Signature John T. Anderson (M. D. or other)
Address Warrensburg Date signed June 7 1946

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

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 J. Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.