

S. No. 2
DOM-5-43
ev. 5-17-39
I X3687

34134

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 199 Primary Registration District No. 5721 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon Rural
(c) Name of hospital or institution: _____
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Macon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Florence Sears
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 19
year 1946 hour 10 minute 17 M.
21. I hereby certify that I attended the deceased from 1-8-45
9, 19____, to 9-19, 1946
that I last saw her alive on 9-12, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Parkinson disease

4. Sex Female 5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife R. S. Sears 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 - 12 - 1864
(Month) (Day) (Year)

Duration See up
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations gac
Of autopsy _____

8. AGE: Years 82 Months 5 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic
11. Industry or business _____
12. Name Thomas Jefferson Mc Radin
13. Birthplace Randolph Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Janet M. Holman
15. Birthplace Randolph Co. Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Gene Suffer
(b) Address Macon Mo
17. (a) Burial (b) Date thereof 9-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Christian Cemetery
18. (a) Signature of funeral director W. Edwards
(b) Address Brewer's
19. (a) Sept 27 1946 (b) A. F. Allen
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature Howard Miller (M. D. or other) _____
Address Macon Mo Date signed 9-25-46

1043 (Licensed Embalmer's Statement on Reverse Side)

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

32961

RECEIVED
District Health Director No. 10
District of Columbia
OCT 14 1946
10-46-1870

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..... *A. G. Edwards*
Licensed Embalmer No. 1961
P. O. Address..... *Bevier, 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.