

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

FILED DEC 19 1946

State File No. _____

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Macon

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

(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 none
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Macon, Mo.
(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 Amanda Simmons

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1946 hour 4 minute P.M.

4. Sex Female

5. Color or race w

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 17 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 30 Nov 29 1946
that I last saw her alive on Sept 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 9 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Duration Sudden

Due to _____

Due to _____

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

10. Usual occupation House wife

Other conditions Ch. Myocarditis Also yrs
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Wiley Maddins

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

14. Maiden name Martha Moore

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

Major findings: _____

Of operations 93D

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jeff Simmons

(b) Address 100 Macon, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date hereof: 12-1-46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Labor Cem

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? _____

18. (a) Signature of funeral director Stephen Gooding

(b) Address Macon, Mo

19. (a) 12/12/46 (Date received local registrar)

(b) Guth M. Gandy (Registrar's signature)

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Howard Miller (M. D. or other)

Address Macon Date signed 12/29/46

40105 12-17-46 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 18 1946

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. L. Stephens*.....

Licensed Embalmer No. *3057*.....

P.O. Address *Macon 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.