

FILED APR 28 1947  
Registration District No. **227**

Primary Registration District No. **5805**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **MONROE**  
(b) City or town **RURAL - JEFFERSON TWP.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**10 MI. S. E. OF PARIS**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **LIFE**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **10 MI. S. E. OF PARIS**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **✓**

3. (a) PRINT FULL NAME **EFFIE MAY RONEY**

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 **MARRIED**

6. (b) Name of husband or wife **PEARL RONEY** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **JAN. 20, 1880**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **4** If less than one day hr. min.

9. Birthplace **MONROE CO., MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **FRANKLIN HUGHES**

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

14. Maiden name **NELLIE DEE TANNER**

15. Birthplace **MONROE CO., MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **PEARL RONEY**

(b) Address **R.F.D., STANTSVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **MAR. 25, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PLEASANT HILL**

18. (a) Signature of funeral director **Speed Blakely**

(b) Address **PARIS, MO.**

19. (a) **3-29-47** (b) **Elbert Baker M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **24**  
year **1947** hour **2** minute **55** P.M.

21. I hereby certify that I attended the deceased from **9 AM**  
**3** to **11:24** 19**47**  
that I last saw **her** alive on **MAR 24** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chloroform R**  
**poison**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **50**

Of autopsy **50**

Duration **21 Hr.**

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)  
(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 **W. M. Keenan** (M. D. or other)

Address **PARIS, MO.** Date signed **3-24-47**

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

69  
0  
0

RECEIVED  
Missouri Health Officer No. 10  
447-635  
APR - 5 1947

**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..... *E. H. Agnew*.....  
Licensed Embalmer No. 4000  
P. O. Address..... Paris, Missouri......

**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.**