

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 137

1. PLACE OF DEATH: CALLAWAY
(a) County FULTON
(b) City or town FULTON
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

(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 _____

3. (a) PRINT FULL NAME Mohkie Price Hyten
8. (b) If veteran, name war _____ 8. (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 HIRAM HYTEN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 10 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace CALLAWAY Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name DAVID HERRING
13. Birthplace VIR. 1
(City, town, or county) (State or foreign country)
14. Maiden name MARY SIMCOE
15. Birthplace VIR. 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Ed. Craigher
(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof May 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CARRINGTON

18. (a) Signature of funeral director Wm. Y. Manser
(b) Address 700 Cent St Fulton, Mo.

19. (a) May 14 1940 (b) R. N. Crewe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 832 CENTER
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th.
year 1940 hour 9.30() minute _____ A. M.

21. I hereby certify that I attended the deceased from 10/30/1933, 19____ to Present time;
that I last saw her alive on 5/10/1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism coronary Duration _____ hour.

Due to _____

Due to _____

Other conditions Senile dementia, Extremely nervous.

Major findings: Of operations _____

Of autopsy Not granted.

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

23. Signature Greene McCall (M. D. or other) _____
Address Fulton Mo. Date signed 5/14/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

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.....

John P. Batchelder, Registered Apprentice No. *192*
working under my personal supervision.

Signed.....

Glen Y. Mays
Licensed Embalmer No. *2725*

P. O. Address *Fulton, Miss.*

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, above space should be left blank.