DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18951

State File No.

Registration District No. 533 Primary Registration District No. 5713 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Macon

(b) ~~City or town~~ Rural Hudson Twp

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

(c) Name of hospital or institution:

Southern part of Macon n. Mo.

(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #4

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Kitty Ann Mayer. 600

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Mayer

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

7. Birth date of deceased August 8, 1849 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	9	5	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John C. Rowland

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

MOTHER

14. Maiden name Emily Blansett.

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

16. (a) Informant's own signature Mrs. Albert Binder.

(b) Address Macon, Mo. R. F. D. #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bethelehem Cem.

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo

19. (a) 6/5/40 (Date received local registrar) (b) Leota Thurston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 10, 1940, to May 13, 1940 and that I last saw her alive on May 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arterio-sclerosis	1938+
Due to Gen. Arterio-sclerosis	1925+
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

Major findings:
Of operations

Of autopsy

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? 476 (Specify type of place)

While at work? (e) Means of injury

23. Signature J F Turner (M. D. or other)

Address Macon, Mo Date signed 5/18/40

(Licensed Embalmer's Statement on Reverse Side)

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.

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 6-40-1242
Date Filed JUN 13 1940

Dr. Turner

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 George L. Hale

Licensed Embalmer No. 4066

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.