

Registration District No. 533Primary Registration District No. 3027Registrar's No. 44

1. PLACE OF DEATH:

- (a) County Macon
 (b) City or town Macon
 (c) Name of hospital or institution: Unknown 7
 (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 years, months or days)

3. (a) PRINT FULL NAME Cadelia F Smith 530

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 Widowed
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 10 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 — _____ hr. _____ min.

9. Birthplace Macon Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Geo W Barron
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Chaffin
 15. Birthplace Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cora Chastain(b) Address Macon Mo17. (a) Burial (b) Date thereof June 12, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Callio Mo18. (a) Signature of funeral director Robert Skinner(b) Address Macon Mo19. (a) 7/10/40 (b) Geo W Barron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Macon
 (c) City or town Macon
 (If outside city or town limits, write "RURAL")
 (d) Street No. Unknown
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1940 to June 10, 1940
 that I last saw her alive on June 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic)
 Duration See pp.

Due to _____

Due to 92COther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accidental, 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? _____

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While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature Howard Miller (M. D. or other) _____Address Macon Mo Date signed 7/10/40

RECEIVED

District Health Officer No. 10

District File Number 7-40-1367

Date Filed JUL 8 1940

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

[Handwritten Signature]

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 with the above constitutes grounds for revocation of license.)

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