

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22231
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
 (b) Township Hudson Primary Registration District No. 5713
 (c) City Macon (d) Street No. Stille Hildreth Sanatorium Registered No. 46
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Ethel D. Means

(a) Residence, No. Bloomington 219 S. Jordan St. Indiana
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-6-1875-</u>				
7. AGE YEARS <u>65</u>	MONTHS <u>3</u>	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Teacher</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>January 1935-</u>			
11. Total time (years) spent in this occupation <u>38</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby County, Indiana</u>				
FATHER	13. NAME <u>Mary M. S. Myers</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co. Ind</u>			
MOTHER	15. MAIDEN NAME <u>Mary Myers</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co. Ind</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1940
 22. I HEREBY CERTIFY, That I attended deceased from March 23, 1940, to May 26, 1940
 I last saw her alive on May 26, 1940 Death is said to have occurred on the date stated above, at 5:30 am.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
with
Cerebral Arteriosclerosis Jan, 40
 Date of onset

Other contributory causes of importance: 92K

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Anna E. Maurer M.D.
 (Address) Macon Mo.

17. INFORMANT Elizabeth Means
 (ADDRESS) 219 S. Jordan, Bloomington, Ind
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE London Ind. DATE 5-28, 1940
 19. FUNERAL DIRECTOR J. C. Wilson 476
 (ADDRESS) Indianapolis, Ind.
 20. FILED 7/14 D. 1940 Leota Newton
 Local Registrar.

RECORD WITH OBTAINING THIS IS 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.

X 1204

RECEIVED

District Health Officer No. 10

District File Number 7-40-136 S

Date Filed JUL 8 1940

STATEMENT BY LICENSED EMBALMER

I, George A. Kila, Licensed Embalmer No. 4066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed George A. Kila
Licensed Embalmer No. 4066

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.)