

Registration District No. **520007**

Primary Registration District No. **5407 4316**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **Elmer**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community
years, months or days)

23 1940

8. (a) PRINT FULL NAME **JANE MEHURON**

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 **Widowed**

6. (b) Name of husband or wife **Jane** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **October 19 - 1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	11	4	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Lane**

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

14. Maiden name **Catherine Lockett**

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

16. (a) Informant **Mrs. Pearl Parker**

(b) Address **Elmer, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 25 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Benier, Mo.**

18. (a) Signature of funeral director **Clyde M. Colburn**

(b) Address **Elmer, Mo.**

19. (a) **Oct. 10, 1940** **Mrs. Lloyd Baker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23**
year **1940** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 12** 19**40** **Sept 25** 19**40**,
that I last saw her alive on **Sept 23 + 24** 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach & Gall Bladder** Duration **10 Wks**

Due to **BEETS**

Due to **On large Lump on Gall Bladder**

Other conditions **46**
(Include pregnancy within 3 months of death)

Major findings: **Cancer of Stomach**
Of operations **per entry**

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? **11 wks ago**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
472 (Specify type of place) (If Means of injury)

23. Signature **W. J. Gooch** (M. D. or other)

Address **Elmer Mo** Date signed **Sept 25**

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1947

Date Filed OCT 18 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 Clyde McCallum

Licensed Embalmer No. 3226

P. O. Address Elmer, 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.