

Registration District No. 579

Primary Registration District No. 5793

Registrar's No.

## 1. PLACE OF DEATH

- (a) County MONROE  
 (b) City or town RURAL - CLAY TWS.  
 (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
- 26

In this community 10 YRS.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME
- MARTHA McAFEE

3. (b) If veteran, name war
- ✓
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
- JOHN McAFEE
6. (c) Age of husband or wife if alive
- ✓
- years

7. Birth date of deceased
- APRIL 16, 1861
- 
- (Month) (Day) (Year)

8. AGE: Years
- 79
- Months
- 5
- Days
- 29
- If less than one day
- 
- hr. min.

9. Birthplace
- SPRINGFIELD ILL.
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- AT HOME

## 11. Industry or business

- MOTHER FATHER  
 12. Name LEONARD MITTS.  
 13. Birthplace KY.  
 14. Maiden name SUSANNA CANTAL  
 15. Birthplace ILL.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Martha Hayes

- (b) Address
- Rt. 1, Paris, Mo.

17. (a)
- BURIAL
- (b) Date thereof
- OCT 17, 1940
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- HOLIDAY, Mo.

18. (a) Signature of funeral director
- Speed & Slakey

- (b) Address
- PARIS, Mo.

19. (a)
- 10-15-40
- (b)
- Ann J. Thompson
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- MO
- (b) County
- MONROE

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

- (d) Street No.
- 7 1/2 MI. N.W. OF PARIS, Mo
- 
- (If rural, give location)

- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- OCT.
- day
- 15
- 
- year
- 1940
- hour
- 12
- minute
- 15 P.
- M.

21. I hereby certify that I attended the deceased from
- Sept 1
- 
- 19
- 40
- , to
- OCT 15
- , 19
- 40
- 
- that I last saw
- him
- alive on
- OCT 15
- , 19
- 40
- 
- and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hemorrhage Duration 10/15/40Due to arteriosclerosis 71.1

Due to \_\_\_\_\_

Other conditions § 2 W  
(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) 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?
- 5/10

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Chas. W. Thompson (M. D. or other) MDAddress PARIS, Mo Date signed 10-15-40

RECEIVED

District Health Officer No. 10

District File Number 11-40-3118

Date Filed NOV 11 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. ~~2616~~  
working under my personal supervision.

Signed A. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, 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.