

FILED MAR 19 1941 30
Registration District No. _____

Primary Registration District No. 570-74316 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: 1 Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Susan Atteberry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed
divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 13 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation house keeper

11. Industry or business _____

12. Name Martin Lynch
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Emma Johnson
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant E W Atteberry
(b) Address Brookfield Mo
17. (a) Burial (b) Date thereof 2/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmer Mo

18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) Mar 10-41 (b) 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) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1941 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 15 1941, to Feb 20 1941; that I last saw her alive on Feb 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 2/17/41
Due to Influenza 2/15/41

Due to _____
Other conditions _____
(Include pregnancy within 5 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? 4 79
(Specify type of place) (e) Means of injury 2

23. Signature Harold D. Lusk (M. D. or other) 20
Address Elmer Mo Date signed Feb 21, 1941

RECEIVED

District Health Officer No. 10

District File Number 3-41-623

Date Filed MAR 14 1941

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.....

Licensed Embalmer No. 4066

P. O. Address Memphis, Tenn.

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, fact should be so stated above.