

2  
3-40  
7-39  
X23159  
21  
50

Registration District No. **533**

Primary Registration District No. **5713**

Registrar's No. **51**

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Hudson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Stell Health O Anawton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Penn (b) County 999  
(c) City or town Seranton 36  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Unknown 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME Miss Mary Hearn

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 Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased June 27-1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Black Bourington Engd  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Teacher

11. Industry or business

12. Name Lewis Hearn

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

14. Maiden name Theresa Brock

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

16. (a) Informant Mrs Isabelle Hearn

(b) Address 701 Broadway K.C Mo

17. (a) Removal (b) Date thereof 6/16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooklyn Pa

18. (a) Signature of funeral director. Albert Skuman

(b) Address Macon Mo

19. (a) 6/30/41 (b) Seora Newtow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY  
17<sup>th</sup>, 1941, to JUNE 15, 1941  
that I last saw her alive on JUNE 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic interstitial Nephritis 4 yrs  
Due to WITH

Chronic sup myocarditis 2 1/2 yrs  
Due to

Other conditions Senile Depression 9 mo.  
(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?  
476 (Specify type of place)  
While at work? (e) Means of injury

23. Signature R. H. Stink (M. D. or other) 100

Address MACON MO Date signed JUNE 15-41

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1398

Date Filed JUL 16 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.....

*George P. Hill*  
..... 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, fact should be so stated above.