

FILED JUN 13 1942

State File No. _____

Registration District No. 333

Primary Registration District No. 3027

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town Macon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
 (c) City or town Macon
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Lydia Trew

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 _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Apr 14 - 1949
 (Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Bedford Co Pa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Blair

13. Birthplace Camden N. Va
 (City, town, or county) (State or foreign country)

14. Maiden name Rachee Henderson

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

16. (a) Informant J. A. Craig

(b) Address Kansas City

17. (a) Burial (b) Date thereof May 7 - 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Albert Skupier

(b) Address Macon

19. (a) 5/29/42 (b) Jora B. Hunkeler
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1942 hour 3:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from April 20 1942 to May 6 1942
 that I last saw h _____ alive on _____ 1942
 and that death occurred on the date and hour stated above. _____
 Duration _____

Immediate cause of death Fracture of femur
 Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1960
18

Major findings: Of operations _____

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) Accident

(b) Date of occurrence April 20 1942

(c) Where did injury occur? Macon Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home

While at work? _____ (Specify type of place)
 (e) Means of injury Fall

23. Signature Anne L. Mauck (M. D. or other) _____
 Address Macon Date signed May 6

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

RECEIVED

District Health Officer No. 10

District File Number 6-42-1286

Date Filed JAN 15 1942

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon Ga

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.