

21717

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1942
233

Registration District No. _____

Primary Registration District No. 3027

Registrar's No. 66

1. PLACE OF DEATH: **Macon**

(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 **Mo.** (b) County **Macon** **61**

(c) City or town **Macon** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **106 E. Second St** **2**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **ANNA MAE McHUTT**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29th**
year **1942** hour **6-** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Oct 25**, 19**37**, to **June 25**, 19**42**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **J.O. McHutt**

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

7. Birth date of deceased **June 19 1879**
(Month) (Day) (Year)

that I last saw him alive on **June 25**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Melastatic Carcinoma** Duration **5 1/2 months**

8. AGE: Years **63** Months **0** Days **6**
If less than one day _____ hr. _____ min.

Due to **Carcinoma Breast** **Sec. 3p.**

Due to _____

9. Birthplace **Macon Co. Mo.** **0**
(City, town, or county) (State or foreign country)

Other conditions **Atrophic Arteriosclerosis** **Yes**
(Include pregnancy within 3 months of death)

Major findings: Of operations **50**

Of autopsy _____

10. Usual occupation **House wife**

11. Industry or business _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Isaac Young**

13. Birthplace **Virginia** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen** **Mo.**
(City, town, or county) (State or foreign country)

15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.O. McHutt Jr**

(b) Address **Macon, Mo**

17. (a) **Burial** (b) Date thereof **6-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cym.**

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? _____

18. (a) Signature of funeral director **Stephen Spodding**

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

19. (a) **7/7/42** (b) **Jara B. Kuntler**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury **0**

23. Signature **Howard Mullin** (M. D. or other) _____
Address **Macon Mo** Date signed **7/6/42**

1057 (Licensed Embalmer's Statement on Reverse Side)

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

61
3
2

RECEIVED

District Health Officer No. 10

District File Number 7-42-1446

Date Filed JUL 16 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 Ch. Stephens

Licensed Embalmer No. 3057

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.