

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 15 1943

Registration District No. 135

Primary Registration District No. 3127

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Washburn  
 (b) City or town Webb City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
701 N. Chestnut  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 50 years  
 years, months or days

3. (a) PRINT FULL NAME Ernest Floophus Macy  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

(b) Name of husband or wife Mrs. Vera Macy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 1 1889  
 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 23 hr. \_\_\_\_\_ min. \_\_\_\_\_  
 If less than one day

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

10. Usual occupation Battery man

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert Macy

13. Birthplace No data Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Charlotte Wandering

15. Birthplace No data Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Vera Macy  
 (b) Address Webb City, Mo.

17. (a) Funeral (b) Date thereof 12/27/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Walter Nelson  
 (b) Address Webb City, Mo.

19. (a) Dec. 27 1942 (b) Mrs. Lillie Lyle  
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washburn  
 (c) City or town Webb City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 701 N. Chestnut  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24  
 year 1942 hour 8:30 minute 14 M.

21. I hereby certify that I attended the deceased from Dec 22  
 1942 to Dec 24 1942;  
 that I last saw him alive on Dec 24 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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

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

Other conditions 94  
 (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) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? No  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature J. B. Munson (M.D. or other) 9.0

Address Webb City, Mo. Date signed 12-26-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-30

42-12-1044

**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..... *E. M. Hedge* .....

Licensed Embalmer No. *2859* .....

P. O. Address *West Plains* .....

**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.**