

FILED AUG 14 1944

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 68

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: Samaritan Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Clara S. Kinget
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

5. Color or race Le male w
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 11 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Webb
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Stoner
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Grace Baker

(b) Address 11841 Stewart Ave. Chi. Ill.

17. (a) Burial Date thereof 6-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stephens & Gooding

18. (a) Signature of funeral director Macon Mo.

(b) Address _____
19. (a) 7/7/44 (Date received local registrar) (b) Jesse B. Hunkler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 28 1944 to May 30 1944
that I last saw her alive on May 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 4 days

Due to Arteriosclerosis Hypertension Sec. 4m.

Other conditions: _____ (Include pregnancy within 3 months of death)

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

23. Signature Howard M. Miller (M. D. or other) _____
Address Macon Mo Date signed 6/21/44

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

6132

RECEIVED

District Health Officer No. 10

District File Number 8-44-1458

Date Filed AUG 11 1944

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

O. L. 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.