

FILED MAR 13 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 31

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 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Mary H Hallery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1946 hour 10:10 minute a M.

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 alive _____ years

21. I hereby certify that I attended the deceased from Jan 2, 1946 to Jan 4, 1946
that I last saw him/her alive on Jan 4, 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 22 185-9
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 12 hr. _____ min. _____
If less than one day

Immediate cause of death Fracture of Neck of right femur
Due to Fall in home

Duration 2 days

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

10. Usual occupation House keeper

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

Major findings: 1160g 1818

11. Industry or business _____

12. Name John M King

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

14. Maiden name Mary E Coultter

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John J King

(b) Address Excello Mo

17. (a) burial (b) Date thereof July 6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Salem Cem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 2-1946

(c) Where did injury occur? Macon, Macon Co, MO
(City or town) (County) (State)

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

18. (a) Signature of funeral director Delbert S Keenan

(b) Address Macon Mo

19. (a) Feb 5 1946 (b) Ruth Mcneely
(Date received local registrar) (Registrar's signature)

23. Signature T.P. Ernoway (M. D. or other) 0

Address Macon Mo Date signed 1-23-46

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

61

0

0

0

MOTHER FATHER

12

RECEIVED
District Health Officer No. 10
District File Number 3-46-423
Date Filed MAR 11 1946

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. 75-1
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.