

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10066**
Registrar's No. **42**

Registration District No. **200** Primary Registration District No. **5725**

1. PLACE OF DEATH:
(a) County **Macon**
(b) City or town **Rural Hadson Twp**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Macon**
(c) City or town **Excell**
(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 **Celia Hayden**
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 **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 27 - 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **21** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Fielding Suggs**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Sallie Huffer**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Earl Mc Kee**
(b) Address **Macon Mo**

17. (a) **Burial** (b) Date thereof **3/20/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Salem Cem**

18. (a) Signature of funeral director **Robert Skum**
(b) Address **Macon Mo**

19. (a) **2/28/46** (b) **Ruth McNeely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **18** year **1946** hour **9** minute **2** M.
21. I hereby certify that I attended the deceased from **Feb 12** 19 **46** to **Feb 17** 19 **46**
that I last saw him alive on **Feb 17** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Central Nervous System**
Due to _____
Due to _____
Other conditions **Pneumonia** **12 yrs**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **gmo**

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 Miller** (M. D. or other) _____
Address **Macon Mo** Date signed **2/27/46**

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

MOTHER FATHER

183

RECEIVED

District Health Officer No. 10

District File Number 3-46-565

Date Filed MAR 19 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 Skuman
Licensed Embalmer No. 75-1
P. O. Address Macon

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.