

No. 2
5-43
17-39
X36671

FILED MAY 2 1946
Registration District No. **202**

Primary Registration District No. **3041**

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: _____
(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)

3. (a) PRINT FULL NAME: Elmer S. Hirsch

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: M. **5. Color or race:** W

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Sept 23 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>6</u>	<u>28</u>	hr. min.

9. Birthplace: Coulterville Ill (City, town, or county) (State or foreign country)

10. Usual occupation: Retired miner

11. Industry or business: _____

12. Name: Frank Hirsch

13. Birthplace: Sparta Ill (City, town, or county) (State or foreign country)

14. Maiden name: Sarah S. McFee

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

16. (a) Informant: Mr John Cordine

(b) Address: Macon, Mo.

17. (a) (Burial, cremation, or removal) Place: Dequoni Ill

(b) Date thereof: 4-25-46 (Month) (Day) (Year)

18. (a) Signature of funeral director: Stephens & Goodding

(b) Address: Macon, Mo.

19. (a) 4/30/46 (Date received local registrar) **(b) Phil Mcneely (Registrar's signature)**

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. _____ (If rural, give location) 2

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from: April 1945 to April 22 1946

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardial Disease Duration 1yr

Due to _____

Due to _____

Other conditions: 93d
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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: P. P. Cronway (M. D. or other)

Address: Macon Mo Date signed 4/23/46

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

185

MAY 6 1946

JUL 27 1946

JAN 23 1951

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..... *C. L. Stephens*

Licensed Embalmer No. *3057*

P. O. Address *Meow, 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.