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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13932

State File No.

FILED APR 22 1946

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 11

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 MI N. OF GOSS 1
(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)
In this community 78 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 MI. N. OF GOSS, MO. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MATILDA JANE RONEY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 1
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased AUG. 26, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	28	hr. min.

9. Birthplace MONROE CO., MO (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ✓
FATHER
12. Name JOSIAH RONEY 1
13. Birthplace KY. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LUCY ELLEN DAVIS
15. Birthplace KY 1 (City, town, or county) (State or foreign country)
16. (a) Informant H. C. RONEY
(b) Address PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation HARRIS CEM.
18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri.
19. (a) MAR 24 1946 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 24 year 1946 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from NOV. 1943 to MAR 24 1946 that I last saw her alive on MAR 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
ARTERIOSCLEROSIS	N.K.
Due to	
Due to	
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? (Specify type of place)
(e) While at work? (f) Means of injury 0
23. Signature M. C. McMurry (M. D.)
Address PARIS, MO. Date signed 3-24-46

205 (Licensed Embalmer's Statement on Reverse Side)

4-46-780

APR 1 9 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.....A. G. Blakey.....

Licensed Embalmer No.....2616.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.