

Mc Bee
State File No. 19437
Registrar's No. 103

FILED JUN 28 1946

Registration District No. 23

Primary Registration District No. 4036

7
2
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Bates

(b) City or town Rich Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home W Park Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 years (Specify whether years, months or days)

In this community 44 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Coro M. Hume (Hume)

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 41 1/2 years

7. Birth date of deceased 5-19-16
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days - If less than one day _____ hr. _____ min.

9. Birthplace MAZON ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name Alice Foster

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

14. Maiden name Harriet Miller

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

16. (a) Informant DR. Hume

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof 6-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Rich Hill Mo.

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo

19. (a) June 23 (b) H. Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bates 7

(c) City or town Rich Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. W. Park Ave
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 46 hour 9 05 minute P. M.

21. I hereby certify that I attended the deceased from June 18th 1946, to June 19th 1946
that I last saw h. alive on June 19th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Myocardial Decompensation

Due to Paralysis Abitans

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN SHC

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)

(c) Means of injury 1

23. Signature Taylor R D M B (or other) D.O.
Address 523 1/2 Park Ave Rich Hill Mo Date signed 6-21-46

19461 9 1111

RECEIVED

District Hospital Order No. 7,

District File No. 5-46-644

Date Filed 6-27-46

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 John G. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler 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.