

S. No. 2
M-8-43
5-17-39
PI X37823

FILED SEP 10 1946
306

Registration District No. **306**

Primary Registration District No. **6207**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Lynch
(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 8 years (Specify whether in this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

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

(d) Street No. 3 mi. N. of Lynch
(If rural, give location)

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

3. (a) PRINT FULL NAME Louella Florence MacGard

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

4. Female 5. Color or white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas MacGard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 2 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>6</u>	<u>26</u>	hr. min.

9. Birthplace Austin, Ind.
(City, town or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business _____

12. Name William Mitchell

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

14. Maiden name Louella Wilson

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

16. (a) Informant Ruth Salyer

(b) Address Success, Tex.

17. (a) Burial (b) Date thereof 7/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellis-Craig

18. (a) Signature of funeral director Wm. O. Elliott

(b) Address Success, Tex.

19. (a) Aug 9-46 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 07 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-18-46 to 7-23-1946, that I last saw her alive on 7-23-1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
chronic nephritis

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy 131X

Duration _____

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) _____
(Specify means of injury) _____

23. Signature Leslie Crawford (M. D. or other) MD
Address Success, Tex. Date signed 7-29-46

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

RECEIVED

District Health Officer No. 5,

District File Number

946495

Date Filed

9-6-46

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.....

Frank E. Wood

Licensed Embalmer No.....

4026

P. O. Address.....

Houston, 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.