

No. 2
-12-45
5-17-39
I X47070

FILED DEC 26 1946

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 432

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Prin Smith
(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) 95 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 406 S. High
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Hynds

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1946 hour 6 minute 25 AM.

21. I hereby certify that I attended the deceased from July, 1935, to Dec. 13, 1946 that I last saw her alive on Dec. 6, 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife A. J. Hynds 6. (c) Age of husband or wife if alive ✓ years 9 1851

7. Birth date of deceased Feb. 9 1851
(Month) (Day) (Year)

Immediate cause of death Myocardial failure (Congestive) Duration 3 days

Due to Degenerative myocarditis 6 mo.

Due to _____

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

8. AGE: Years 95 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Lexington, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Domestic

12. Name Michael Fancanon

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

14. Maiden name Juliana Batty

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

16. (a) Informant Mrs. C. Blacher

(b) Address Kirkville, Mo.

17. (a) 12-16-46 (b) Date of 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Henry Engel

(b) Address Kirkville, Mo.

19. (a) 12-18-46 (b) State Lambert
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 930

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 J. Hynde (M. D. or other) MD

Address Kirkville, Mo. Date signed 12/13/46

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

38237

DEC 12 1946

RECEIVED
District Health Officer No:
District File Number 12-46-234
Date Filed DEC 24 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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Richville, 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.