

FILED JAN 15 1947

Registration District No. **100**

Primary Registration District No. **7041**

Registrar's No. **138**

1. PLACE OF DEATH:
(a) County **Macon**
(b) City or town **Macon**
(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 _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME **Mollie Gardner**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 11 - 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Chautau Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**
11. Industry or business _____

12. Name **Edward Stebbins**
13. Birthplace **Mass**
(City, town, or county) (State or foreign country)

14. Maiden name **Masha Elias**
15. Birthplace **Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Tony Krantgar**
(b) Address **Macon Mo**
17. (a) **Burial** (b) Date thereof **1/18/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn Cem**
18. (a) Signature of funeral director **Robert Skumel**
(b) Address **Macon Mo**
19. (a) **1-9-47** (b) **Ruth McNeely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Macon**
(c) City or town **Macon**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **16**
year **1946** hour **10:45** minute **9** M.
21. I hereby certify that I attended the deceased from **1936** to **Dec 16**, 19**46**
that I last saw him alive on **Dec 16**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **Malignant Hypertension** 2 yrs
General Arteriosclerosis 10 yrs
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. J. Hanaway** (M. D. or other) _____
Address **Macon Mo** Date signed **1-3-47**

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

41287

RECEIVED
District Health Officer No. 10
District File Number 147-84
Date Filed JAN 14 1947

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 Albert Skinner
Licensed Embalmer No. 75-1
P. O. Address Macon 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.