

FILED DEC 24 1946
Registration District No. _____

Primary Registration District No. 3041

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (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 _____

3. (a) PRINT FULL NAME May S Hunt

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 July 20 - 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Kirkville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name John Scovron

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

14. Maiden name Eunna Haywood

15. Birthplace St. Francisville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Shean

(b) Address Macon Mo

17. (a) burial (b) Date thereof Nov 16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Albert Skum

(b) Address Macon Mo

19. (a) 12/11/46 (b) Ruth McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1946 hour 12:20 minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 14, 1946 to Nov. 14, 1946
that I last saw her alive on Nov. 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Duration 2 days

Due to Carcinoma Sigmoid

Due to _____

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

Major findings: Of operations _____

Of autopsy 46E

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? 1

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Shean (M. D. or other) _____

Address Macon Mo Date signed 11/28/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
Dist. & File Number 12-46-2292
DEC. 20. 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..... *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.