

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 24 1946
Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 130

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 Mo (b) County Macon 61

(c) City or town Macon, Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Ella Lee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1946 hour 5 minute 46 P.M.

21. I hereby certify that I attended the deceased from 12-5-1946 to 12-5-1946
that I last saw h. ER alive on 12-5-1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Henry R. March 6. (c) Age of husband or wife if alive 31 years (Month) (Day) (Year)

7. Birth date of deceased March 31-1866
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration 4 1/2 hr.

Due to Hypertensive Heart Disease

Due to Arteriosclerosis

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

8. AGE: Years Months Days If less than one day

80 8 6 hr. min.

9. Birthplace Macon Co. Mo 0
(City, town, or county) (State or foreign country)

Major findings: Of operations 93D

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Aldrich T. Ginnaw 1

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

14. Maiden name Jane Farmer

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

16. (a) Informant Claude Susan

(b) Address Macon, Mo. Rt 1

17. (a) Burial (b) Date thereof 12-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Stephens Goodding

(b) Address Macon, Mo

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

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 A. L. Durdine (Other) DO

Address Macon Mo Date signed 12-12-46

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

403403

185

RECEIVED
District Health Officer No. 10
District File Number 12-46-2296
Date Filed 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..... *C. L. Stephens*.....
Licensed Embalmer No. *3057*.....
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.