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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1947

Registration District No.

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 24777

Registrar's No. 217

**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 Sanantan hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Macon 61

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Macon Mo R+D. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Amelia May Mayer

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 Married

6. (b) Name of husband or wife Edward S Mayer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 13 (Day) 1873 (Year)

8. AGE: Years 73 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Wm Young
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Winifred Farris
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Edward S. Mayer

(b) Address R R Macon Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetery

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon Mo

19. (a) 7-21-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 16 year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 5-31, 1947 to 6-16, 1947 that I last saw her alive on 6-16-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma — Duration 10 Days

Due to Cardio Vascular Disease Finite

Due to Arterio Sclerosis

Other conditions Fracture Rt Humerus Multiple Bruises — 5-31-47
(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) Accident

(b) Date of occurrence 5-31-47

(c) Where did injury occur? Macon (City or town) Macon (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway Car Wreck (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address Macon Mo Date signed 6-23-47

Reen 000 Roadway

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7:47:914
Date Filed JUL 30 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 Howard F. Myers, Registered Apprentice No. 468, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 75-1

P. O. Address Macon

**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.**