

FILED DEC 12 1947
Registration District No. 278

Primary Registration District No. 4413

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Frankford
(If outside city or town limits, write "RURAL" and name of township)
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 87
(c) City or town Frankford 5
(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 JESSIE THATCHER McCUNE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife JEFF DAVIS McCUNE 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased: 12-25-1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1947 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1947, to _____, 1947;
that I last saw her alive on Nov 25, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary Embolism Duration _____

8. AGE: Years 76 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Ralls Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Robert Howard

13. Birthplace Ralls Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Smith

15. Birthplace Ralls Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jellea Switzer

(b) Address New Boston, Mo.

17. (a) Burial (b) Date thereof Nov 28 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spencerburg Mo.

18. (a) Signature of funeral director Hilds and Son

(b) Address Frankford, Mo.

19. (a) 12/5/47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

Due to age

Due to Heart trouble

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

Major findings: Of operations _____

Of autopsy 947

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 E. P. Hayden (M. D. or other) DD

Address Frankford, Mo. Date signed 12/29/47

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

RECEIVED
District Health Officer No. 17
District File Number 12-47-148
Date Filed DEC 1 0 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 Jose Fields Megowan
Licensed Embalmer No. 4093
P. O. Address Frankford, 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.