

FILED DEC 12 1947

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 107

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MONROE HOSPITAL and CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS
(Specify whether
In this community LIFE TIME
years, months or days)

3. (a) PRINT FULL NAME MARTHA EMMA HUME

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

4. Sex FEMALE / 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife SAM HUME 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOVEMBER 14 1965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 17 hr. min.

9. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business INVALID

MOTHER FATHER { 12. Name THOMAS LONG 9

13. Birthplace DON'T KNOW (State or foreign country)

14. Maiden name SARAH BIBLE

15. Birthplace DON'T KNOW (State or foreign country)

16. (a) Informant Mary M. Roberts

(b) Address Powdermill, Mo.

17. (a) BURIAL (b) Date thereof 11/4/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POWERSVILLE CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. Ry. John Comstock

19. (a) 12-3-47 (b) Marshall E. Swanson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town POWERSVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day I
year 1947 hour 11 minute 50A.M.

21. I hereby certify that I attended the deceased from March
22 to Nov 1, 1947
that I last saw her alive on Nov 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senile degeneration of heart & chronic arthritis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 59 B
Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 2

23. Signature L. W. McDonald (M. D. or other) Dr
Address Powdermill, Mo. Date signed 11-3-47

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

RECEIVED

District Health Officer No. 10

District File Number 12-47-1704

Date Filed - DEC-10-1947

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

John W. Comstock

Licensed Embalmer No. 3891

P. O. Address *Unionville, Ma.*

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.