

FILED JAN 14 1948

Registration District No. 12

Primary Registration District No. 175 5645 3036

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Laura  
 (b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
902 McMatt  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 25 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laura 53  
 (c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 902 McMatt  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23  
 year 1947 hour 7 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from Feb  
21 1947 to Dec 23 1947  
 that I last saw her alive on Dec - 23 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Resected the neck  
Senticulo-striate artery  
 Duration \_\_\_\_\_

Due to Arterio-sclerosis  
 Due to Hypertensive Heart disease yes

Other conditions:  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 137  
 Of autopsy \_\_\_\_\_  
 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) (Means of injury)  
 23. Signature A. P. Coe (M. D. or other) 0  
 Address Wainville, Mo Date signed 12-24-47

3. (a) PRINT FULL NAME

Jdd B. Lornagan

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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased August  
(Month)

10 1873  
(Day) (Year)

8. AGE: Years 74 Months 4 Days 13

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bergaman  
(City, town, or county)

Ark 1  
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James T. Jackson

13. Birthplace Waltham 9  
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Elting

15. Birthplace Waltham 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Smith

(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof Dec 27, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Aurora

18. (a) Signature of funeral director Chas. V. Marsh

(b) Address Aurora, Missouri

19. (a) Dec. 27-47 (b) Dora Mc Matt  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. 6,

District File Number 148-11

Date Filed FEB 12 1948

*you will*

**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.....

*J. W. Hall*, Registered Apprentice No. 85  
working under my personal supervision.

Signed *Osman L. Marsh*

Licensed Embalmer No. 3812

P. O. Address *Quincy MD*

**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.**