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3906

State File No. \_\_\_\_\_

FILED MAR 8 1948

Registration District No. 28

Primary Registration District No. 5370

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Union Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5 Miles East Gallatin, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life  
years, months or days

3: (a) PRINT FULL NAME Perry Macy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male (s. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ollie E. Macy 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October 25 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>23</u>	hr. _____ min.

9. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming  
General Farming

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

12. Name Seth Macy

13. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Malinda Adkison

15. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie E. Macy

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 2-20-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery  
18. (a) Signature of funeral director Hope Funeral Home  
(b) Address Gallatin, Missouri  
19. (a) 24 Feb 1948 (b) Wegman E. Enselbert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

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

(d) Street No. 5 Miles East Gallatin, Mo. 0  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18  
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19 Sept 1947 to 18 Feb 1948  
that I last saw him alive on 17 Feb 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 2 days

Due to Hypertensive Cardiovascular Disease

Due to Aspirin

Other conditions Parted it. Hemiplegia

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 937

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? 0

While at work \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Gallatin Mo Date signed 21 Feb 48

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

MOTHER, FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

NOV 1 4 1950

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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

Signed *L. O. Dickerson*.....

Licensed Embalmer No. *3307*.....

P. O. Address *Gallatin, 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.**