No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1948

Registration District No. 200

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5726

State File No. 26996

Registrar's No. 363

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

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: East of Excello Mo. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ~~[illegible]~~ 6 Mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mo.~~ Ill. (b) County ~~Macon~~ Henry 999

(c) City or town ~~Rural~~ Kewanee 11 (If outside city or town limits, write "RURAL")

(d) Street No. ..... 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country No

3. (a) PRINT FULL NAME Ella Livingston

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 Widowed 9

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

7. Birth date of deceased Jan (Month) 31 (Day) 1868 (Year)

8. AGE: Years 80 Months 6 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace New Oxford (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Samuel Miller
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ruth Combs

(b) Address RR#1, Excello, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation Kewanee, Ill.

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo.

19. (a) 9-4-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1948 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from 7-27, 1948 to 8-27, 1948; that I last saw her alive on 8-27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Cerebral Hemorrhage

Due to Hypertension

Due to Arterio sclerosis

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

Major findings: Of operations ✓

Of autopsy ✓ 830

Duration Unknown

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? (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature H E Emmo (M. D. or other) MD

Address Macon Mo Date signed 8-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-158
Date Filed SEP 9 1948

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 Allen Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.