

Registration District No. **187**

Primary Registration District No. **4293**

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

1. PLACE OF DEATH:

(a) County **Lincoln**

(b) City or town **Elberon, Mo**

(c) Name of hospital or institution: **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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln** **57**

(c) City or town **Elberon Mo**

(d) Street No. **7.6 E street**

(e) Citizen of foreign country? **n** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Margaret Eugenia Mayes**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20** year **1948** hour **6:58** minute **R** M.

21. I hereby certify that I attended the deceased from **3-28** 19**47** to **12-20** 19**48**

that I last saw her alive on **12-20** 19**48** and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **7-28-1860**

(Month) (Day) (Year)

Immediate cause of death **Bronchial Pneumonia** Duration _____

Due to _____

Due to _____

Other conditions **Chronic Myocarditis** (include pregnancy within 3 months of death)

8. AGE: Years **88** Months **4** Days **22** If less than one day hr. min.

9. Birthplace **Pike County, Mo. U** (City, town, or county) (State or foreign country)

10. Usual occupation **none**

Major findings: Of operations _____

Of autopsy **930**

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **J. J. Scott**

13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Elyzabeth Samerton**

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

16. (a) Informant **Mrs E. E. Powell**

(b) Address **Elberon, Mo**

17. (a) **Burial** (b) Date thereof **12-22-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksville Mo**

18. (a) Signature of funeral director **Clifton Mills**

(b) Address **Elberon, Mo**

19. (a) **1/3/49** (b) **Mrs. A. Dwyer** (Date received local registrar) (Registrar's signature)

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) (a) Means of injury **2**

23. Signature **G. H. Callaway** (M. D. or other) **D.O.**

Address **Elberon Mo** Date signed **12-21-48**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 5 1949

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 Dec 20 - 1948
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifton Miller
Licensed Embalmer No. 3324
P. O. Address Elkington, 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.