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3904

FILED JUL 1 1949

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

Registration District No. 326

Primary Registration District No. 6109

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Scotland  
(b) City or town Memphis RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community VISITING 4 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

FEBIE JENNIE MAHIS

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased JAN 18 1964  
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 26 If less than one day hr. min.

9. Birthplace BROWNING ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name ALBERT STAMBAUGH

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

14. Maiden name SUSAN ROBINSON

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

16. (a) Informant Sellee J. J. J.  
(b) Address Memphis Mo

17. (a) BURIAL (b) Date thereof 6-30-49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MACOMB, ILL

18. (a) Signature of funeral director D. J. J. J.  
(b) Address Memphis Mo

19. (a) 6/28/49 (b) PTA Baker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1949 hour two minute 30 P. M.

21. I hereby certify that I attended the deceased from June 27  
1949 to June 27 1949  
that I last saw h. alive on \_\_\_\_\_ 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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)  
(e) Means of injury \_\_\_\_\_

23. Signature E. E. Hillfillan (M. D. or other) MD  
Address Memphis, Mo Date signed 6-27-49

Duration

24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number 6-49-11

Date Filed JUN 29 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.....

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

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2196

P. O. Address Memphis

**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.**