

**FILED MAY 15 1947**

Registration District No. **137**

Primary Registration District No. **5573**

Registrar's No. **711**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Clinton Mo 2**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Levittsville Trus 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 **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Henry 42**

(c) City or town **Clinton**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rte 2**  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME **Hattie MacChalmors**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **3**  
year **1947** hour \_\_\_\_\_ minute **8:30 P.M.**

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

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

6. (b) Name of husband or wife **Charles Manuel**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **1-11-1880**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 2** 19**46** to **May 3** 19**47**  
that I last saw him alive on **March 2** 19**47**  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

**64 3 22** hr. min.

Immediate cause of death **Cowdry thrombosis**

Due to **Chronic myocarditis** **Death at once**

Due to \_\_\_\_\_

9. Birthplace **Henry Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home wife**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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

12. Name **Richard Jones**

13. Birthplace **Van Buren Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jones**

15. Birthplace **Mary Co. Mo**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ **no**

(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) \_\_\_\_\_

White at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant **Mrs. Mrs. Johnson**

(b) Address **Clinton Mo**

17. (a) **Buried** (b) Date thereof **5-6-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **W. W. ...**

(b) Address **Clinton Mo**

19. (a) **5-6-47** (b) **R.R. Kennedy**  
(Date received local registrar) (Registrar's signature)

23. Signature **S.B. Hughes** (M. D. or other) **MP**

Address **Clinton Mo** Date signed **5/3/47**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 4-47-564  
Date Filed 5-14-47

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.....

*[Signature]*....., Registered Apprentice No. 434  
working under my personal supervision.

Signed *[Signature]*.....  
Licensed Embalmer No. 2478

P. O. Address *[Signature]*.....

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.