

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17948
Do not use this space.

REC'D JUN 15 1939

1. PLACE OF DEATH **Barry** 2
 (a) County **Washburn** Registration District No. **37**
 (b) Township **Washburn** Primary Registration District No. **5053**
 (c) City **rural** (d) Street No. **1** (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Fayette Mahuron**
 (a) Residence, No. **Washburn (Rural)** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Luzetta Mahuron**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 14 1881**

7. AGE YEARS **57** MONTHS **1** DAYS **27** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **retired farmer**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Macdonald Co.**

FATHER 13. NAME **Wm. Mahuron**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Ellen Rose**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Macdonald Co.**

17. INFORMANT (ADDRESS) **Virgil Mahuron
Pierce City Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washburn Prairie** DATE **May 11 39**

19. FUNERAL DIRECTOR (ADDRESS) **Victor O. Niemeyer
Pierce City Mo.**

20. FILED **6/9 39** **Clis E. Edens** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 28 1938** to **Apr 28 1939**
 I last saw him alive on **Apr 28 1938** Death is said to have occurred on the date stated above, at **7:00 a.m.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Softening
Essential Hypertension

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Essential Hypertension**
 (Signed) **E. M. Daniel** (Address) **Conville, Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-740-57 I X12004

STATEMENT BY LICENSED EMBALMER

I, Pastor O. Kiemeyer, Licensed Embalmer No. 3822
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Pastor O. Kiemeyer
Licensed Embalmer No. 3822

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.)