

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.

Registration District No. 1043

Primary Registration District No. 1041

Registrar's No. 1

1. PLACE OF DEATH: **TEXAS FILED FEB 12 1940**  
 (a) County TEXAS  
 (b) City or town EUNICE  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) \_\_\_\_\_  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME JOHN S MAHAN 500  
 8. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex MALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife ETHEL B MAHAN  
 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased FEB 18 1871  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace DALLAS MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name J. S. MAHAN  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John S Mahan  
 (b) Address Eunice, MO.

17. (a) REMOVAL (b) Date thereof 1/5/1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODS  
 18. (a) Signature of funeral director Raymond V. E. Elliott  
 (b) Address Houston, MO.  
 19. (a) Jan 5 1940 (b) Wm. M. White  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO. (b) County TEXAS  
 (c) City or town EUNICE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JAN day 4  
 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from with out medical attention  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Dr. J. M. [unclear] (M. D. or other) \_\_\_\_\_  
 Address Summersville Date signed \_\_\_\_\_

**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.....

*Frank E. Wood*

Licensed Embalmer No.....

*4026*

P. O. Address.....

*Houston, 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, above space should be left blank.**