S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24299

Registration District No. FILED AUG 1940 1940

Primary Registration District No. 1002

Registrar's No. 2909

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

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3206 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 3206 Olive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Francis Mayberry 160

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Marie Mayberry

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov. 26th. 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Westport New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation Undertaker

11. Industry or business 1

FATHER
12. Name Charles Mayberry 2
13. Birthplace New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria McGinley
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayberry
(b) Address 3206 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/40
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director R. E. Snow
(b) Address 2315 Linwood Blvd.

19. (a) July 21, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19-40
year hour minute 5 A M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to , 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Hypertrophy of the Left Heart

Due to Rheumatic Aortic Stenosis

Other conditions
(Include pregnancy within 3 months of death) 92a

Major findings:
Of operations

Of autopsy above

Duration

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 5

23. Signature Russell W. Kerr (M. D. or other)
Address Kerr Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Roy C. Snow

Licensed Embalmer No. 2560

P. O. Address 2315 Linwood Blvd.

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.