

STANDARD CERTIFICATE OF DEATH

State File No. 27914

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Prochel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME WINNETT GREEN MAHURIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-01-4739

4. Sex Male Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Mahurin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Salem, Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroading + mining

11. Industry or business _____

12. Name PRESTON MAHURIN

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

14. Maiden name Judith Ann White

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

16. (a) Informant Hospital Record

(b) Address Columbia, Mo.

17. (a) Known to Burial (b) Date thereof Aug 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Mo

18. (a) Signature of funeral director A. Stewart

(b) Address _____

19. (a) 8/20/40 (b) Allie Selby
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 W. First St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1940 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 10, 1940, to August 20, 1940:
that I last saw h. live on August 20, 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 7 days

Due to aspiration from cancer of mouth primary 1

Due to Squamous carcinoma of tracheal fossa 4

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

Major findings:
Of operations Biopsy - Squamous carcinoma of mouth
Of autopsy Bronchopneumonia Carcinoma of mouth

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? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Louis P. Kutz (M. D. or other) M.D.
Address Ellis Prochel Hospital Date signed 8/20/40

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

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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

working under my personal supervision.

Registered Apprentice No. 3183

Signed [Signature]

Licensed Embalmer No. 3183

P. O. Address Columbia, 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.