

AUG SEP 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28572

Registration District No. 944

Primary Registration District No. 5438

Registrar's No. 41

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Route 1, Stefford, Mo. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Stefford
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from July 13, 1940, to July 27, 1940,
that I last saw him alive on July 27, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis
Atherosclerosis

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death) None

Major findings:
Of operations _____
Of autopsy _____

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?
934
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Alvin J. Smith (M. D. or other) _____
Address 450 1/2 E. Coal Date signed Aug 7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME

Riley Mayberry 160

8. (b) If veteran, name war Unknown 3. (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 Bertha Mayberry 6. (c) Age of husband or wife if alive Not years

7. Birth date of deceased July 20, 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business On Farm

12. Name Unknown 9

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

14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Mayberry

(b) Address Route 1, Stefford, Mo.

17. (a) Burial (b) Date (Month) (Day) (Year) 7-28-40
(Burial, cremation, or removal)

(c) Place: burial or cremation Greenleaf

18. (a) Signature of funeral director Alvin J. Smith

(b) Address Springfield, Mo.

19. (a) Aug-6-40 (b) Alvin J. Smith
(Date received local registrar) (Registrar's signature)

RECEIVED

Greene County Health Office,

County File Number 40-9-73

Date Filed 9-12-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.