

SEP 25 1940

Registration District No. **702** Primary Registration District No. **5931** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County **Polk**

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

(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 years, months or days)

3. (a) PRINT FULL NAME **Dola M. Mahan 255**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W**

6. (b) Name of husband or wife **H. D. M. Mahan** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Feb. 13 1873**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **6** Days **14** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Rocky Comfort Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house keeper**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **J. L. Plater**

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

14. Maiden name **Mary E. Hughes**

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

16. (a) Informant **Glenn P. Bailey**

(b) Address **Fair Play 102 Mo**

17. (a) **Fair Play** (b) Date thereof **8 29 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fair Play**

18. (a) Signature of funeral director **Barker-Cramer**

(b) Address **Fair Play, Mo**

19. (a) **Aug 24 1940** (b) **J. L. Plater**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Polk**

(c) City or town **Fair Play**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **27th** year **1940** hour **8.5** minute **P.M.**

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

Immediate cause of death: **Coronary Occlusion was found dead in the yard she was watering the yard**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: **94 lb**  
(Include pregnancy within 3 months of death)

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? **631**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. P. Hutchison** (M. D. or other) **5**

Address **Bolivar** Date signed **Aug 28**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7.

District File Number 9-40-1285

Date Filed 9-9-40

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.