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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 114

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10361

Primary Registration District No. 4103

Registrar's No.

1. PLACE OF DEATH:

(a) County: Chariton

(b) City or town: Rothville (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: / (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: missouri (b) County: Chariton

(c) City or town: Rothville (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: Ann Eliza Mayhugh

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Oscar A. Mayhugh

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

7. Birth date of deceased: January (Month) 8 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
86	2	28	hr. min.

9. Birthplace: Chariton county (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: John Washington West

13. Birthplace: Randolph County (City, town, or county) Mo. (State or foreign country) 0

14. Maiden name: Amanda M. Thomas

15. Birthplace: Appomattox Court House, Va. (City, town, or county) (State or foreign country) /

16. (a) Informant: W. D. West

(b) Address: Mendon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Rothville Mo.

18. (a) Signature of funeral director: S. L. Leipard

(b) Address: Mendon Mo

19. (a) Apr 8-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1941 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from January 15th 1941 to April 6th 1941 that I last saw her alive on April 5th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia, from undetermined cause.	16 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility.	

W. D. West

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: W. D. West (M. D.)

Address: Mendon Mo Date signed: 4/13/1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-14-41

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. 3970

P. O. Address. Mendon Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.