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Registration District No. **FILED OCT 30 1941**

Primary Registration District No. **3003**

Registrar's No. **40**

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

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Monett, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **908 4th. St.**
(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 **years 1**

3. (a) PRINT FULL NAME **Martha Belle Mayhew**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Drewey Sherman Mayhew** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **May 1, 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	10	hr. _____ min.

9. Birthplace **Lawrence Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Andrew Jackson Davidson**

13. Birthplace **Giles County, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Jane Smith**

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

16. (a) Informant **D. S. Mayhew**

(b) Address **908 4th. St., Monett, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 14, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I. O. O. F. Cemetery**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett Mo**

19. (a) **9-14-1941** (b) **w. m. west**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **005**

(a) State **Missouri** (b) County **Barry**

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

(d) Street No. **908 4th. St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**
year **1941** hour **4** minute **-** P. M.

21. I hereby certify that I attended the deceased from **Sept. 15**, 1941, to **Sept. 11**, 1941; that I last saw ~~her~~ **her** alive on **Sept. 11**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myo-Carditis**

Due to **Heart failure**

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature **J. A. Ferguson** (M. D. or other) **0**
Address **Monett Mo** Date signed **Sept 15-41**

RECEIVED

District Health Officer No. 6,

District File Number 1041-1608

Date Filed OCT 13 1941

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 Floyd Callaway

Licensed Embalmer No. 2066

P. O. Address Monett, Mo

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

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