

Registration District No. 448 95-2 Primary Registration District No. 5617

Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town FRANKLIN VT.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COMPETITION MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ALWAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE MO
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. COMPETITION MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORA E MAYFIELD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 21 year 1942 hour 8 minute 40 A. M.
21. I hereby certify that I attended the deceased from Dec 1 1941 to Jan 10 1942
that I last saw her alive on Jan 10 1942 and that death occurred on the date and hour stated above.

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W.H. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 15 1972
(Month) (Day) (Year)

Immediate cause of death Chronic Diabetes mellitus Duration _____

8. AGE: Years 69 Months 10 Days 6 If less than one day _____ hr. _____ min.

Due to _____
Due to 61

9. Birthplace WRIGHT CO MO
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

Other conditions (Include pregnancy within 3 months of death) J.V. Hough
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name MARION BORNE
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name LOUISE COOK
15. Birthplace ST. LOUIS CO. MO
(City, town, or county) (State or foreign country)

PHYSICIAN J.V. Hough
Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha McBride
(b) Address COMPETITION MO
17. (a) Burial (b) Date thereof 2 22 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PORTER CHAPEL
18. (a) Signature of funeral director PALMER'S
(b) Address LEGANON MO
19. (a) Jan 27-42 (b) Grace Rogers
(Date received local registrar) (Registrar's signature)

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.V. Hough (M. D. or other) _____
Address LEBOVE SPRINGS MO Date signed 2/4/42

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

RECEIVED

~~District Health Officer No.~~

~~District File Number~~ 2-42-49

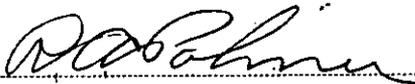
Date Filed. February 7, 1942

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. 1161

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, fact should be so stated above.