FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3759

Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. 801
(b) Township Liberty — Primary Registration District No. 6045 — Registered No. 9365
(c) City Near Sweet Springs Mo (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 0 yrs. mos. ds.

2. PRINT FULL NAME Miss Dora Mayse
(a) Residence, No. 2 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1876
7. AGE: YEARS 65 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Same near Sweet Springs 0

FATHER
13. NAME John Taylor Mayse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County 0

MOTHER
15. MAIDEN NAME Caroline Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette 0

17. INFORMANT (ADDRESS) M. A. F. Montgomery Mo. Sweet Springs

18. BURIAL, CREMATION, OR REMOVAL Lacy
PLACE Near Sweet Springs DATE JAN 31 1942

19. FUNERAL DIRECTOR (NAME) E. S. James
(ADDRESS) Concordia Mo.

20. FILED 1/30 1942 R C Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 - 1942

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1936, to Jan 29, 1942
I last saw her alive on Jan 27, 1942 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1-29-42
Paralysis	
83a	

Other contributory causes of importance: Has had recurrent attacks of paralysis

Name of operation No Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) A. C. Putnam 0, M. D.
(Address) Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-9-19-36 I X16605

RECEIVED
District Health Officer No. 8

District File Number.....

Date Filed 2-16-42

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 Mr

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia Mo

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.

7. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3759

Registration District No. 801 Primary Registration District No. 6045 Registrar's No. 60

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Sweet Springs
(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: Saline

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Dora Mayse

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: May (Month) 10 (Day) 1877 (Year)

8. AGE: Years 65 Months 8 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director: E. S. James

(b) Address: Concordia Mo.

19. (a) 1/30-42 (Date received local registrar) (b) R. L. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 29 year 1942 hour minute 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	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY