S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7261

FILED FEB 25 1942

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days Hospt. (Specify whether
In this community 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 65
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 518 Winter Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Laura Bell Mayfield

3. (b) If veteran, name war X

3. (c) Social Security No. 490-48-6549

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Mann

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

7. Birth date of deceased April (Month) 1 (Day) 1878 (Year)

8. AGE: Years 63 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Henry Summers
13. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Drucilla Reynolds
15. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Laura Emmers Coby
(b) Address Monroe City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB. 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Burial Grand. Marion Co. Mo

18. (a) Signature of funeral director Wilson Son
(b) Address Monroe City Mo

19. (a) 2/20/42 (Date received local registrar) (b) Robt. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1942 hour 12 minute 20 a. M.

21. I hereby certify that I attended the deceased from Feb - 8, 1942 to Feb - 12, 1942 that I last saw her alive on Feb 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dental Pentamitis	48 hrs
Due to Fibroid Uterus & Pelvic abscess	5 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations as above

Of autopsy none

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 [illegible] (M. D. or other)
Address [illegible] Date signed Feb 22 42

1146 (Licensed Embalmer's Statement on Reverse Side)

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~~ By me

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

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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, fact should be so stated above.