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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 24 1942
496

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11222
State File No.
70
Registrar's No.

Registration District No.

Primary Registration District No. 3025

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

1. PLACE OF DEATH: Linn
(a) County Brookfield MO City
(b) City or town
(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 2 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Roxanna S Mayo
3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased July 12 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name William Partch
13. Birthplace Pa (City, town, or county) (State or foreign country)
14. Maiden name Mary Allen
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Smith
(b) Address Mendon Mo.

17. (a) Burial (b) Date thereof Apr 4/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Siloam Chapel

18. (a) Signature of funeral director S. J. Leeper
(b) Address Mendon MO
19. (a) 4-3-1942 (Date received local registrar) (b) W. H. Cuman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 058
(c) City or town Brookfield (If outside city or town limits, write "RURAL.")
(d) Street No. 601 N MAIN (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1942 hour 2 P M minute M.
21. I hereby certify that I attended the deceased from March 15, 1942, to April 2, 1942 that I last saw her alive on April 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Due to: Nephritis chronic
Due to: arteriosclerosis
Other conditions: Hypertension (Include pregnancy within months of death)

Duration 9 days
PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings: Of operations 131 P
Of autopsy

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 W. B. Simpson (M. D. or other) Dr
Address Brookfield Date signed 4/5/42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *S. L. Leopard*.....

Licensed Embalmer No. *3970*

P. O. Address *Mendon Ma*

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.