

APR 23 1942

STANDARD CERTIFICATE OF DEATH

State File No.

15104

Registration District No. 44B

Primary Registration District No. 3031

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 mi. East.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi East.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23
year 1942 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Mar 5th 1942 to Apr 23rd 1942
that I last saw her alive on Apr 22nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Valvular disease of heart Duration 10 yrs
Due to Hypertrophic Arthritis 10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 938
Of operations _____

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 _____
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) _____
(e) Means of injury 0
23. Signature L E Dean (M. D. or other) _____
Address Maryville Mo Date signed 4-25-42

3. (a) PRINT FULL NAME MINNIE ROGERS.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Rogers. 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 14 1980
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____
12. Name Samuel Mazingo.
13. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Jane Mazingo. (Also)
15. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Rogers.
(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Apr. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) April 27, 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

1268

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

74
0
0

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..... *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.