

No. 2  
4-13-40  
5-17-39  
P-1 X231

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27174

State File No. \_\_\_\_\_

SEP 14 1942/28

Registration District No. 313

Primary Registration District No. 2000

Registrar's No. 578

39  
62  
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD Mo

(c) Name of hospital or institution 1519 W. CHESTNUT

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 YEARS

In this community 48 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County GREENE

(c) City or town SPRINGFIELD

(d) Street No. 1519 W. CHESTNUT

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MINNIE R. S. MAYBEE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 5th year 1942 hour 2 minute 35 A. M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EUGENE N. MAYBEE

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased OCT. 22 1893

21. I hereby certify that I attended the deceased from Aug 3, 1942, to Aug 4, 1942, that I last saw her alive on Aug 4, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 9 Days 13 If less than one day hr. min.

Immediate cause of death Central thrombosis

Due to High blood pressure, 260 on 3rd

Due to \_\_\_\_\_

9. Birthplace Christian Co. Mo.

10. Usual occupation House wife

11. Industry or business In home

Other conditions 130

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Selby Roberts

13. Birthplace Unknown Mo.

14. Maiden name Sarah Jane Davis

15. Birthplace Unknown Mo.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene N. Maybee

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Aug 7 1942

(c) Place: burial or cremation Spokane Mo.

18. (a) Signature of funeral director Spokane Mo.

(b) Address Springfield Mo.

19. (a) 8-6-42 (b) S. W. Handley

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? \_\_\_\_\_

(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. A. Robertson M.D. (M. D. or other) \_\_\_\_\_

Address Springfield Mo Date signed \_\_\_\_\_

484 (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.....

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

working under my personal supervision.

Signed

*Roy A. Davis*

Licensed Embalmer No.

*1763*

P. O. Address

*Springfield, 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.**

X