

Registration District No. 175

Primary Registration District No. 4275

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville, Mo.
(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 38 years (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Lynn Mayhew

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred F. Mayhew 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased March 7 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrus L. Wood Pa. /
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name MARY Jane Perry N. Y. /
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Fred F. Mayhew
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof Sept. 28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial Marionville

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) Sept. 28, 1942 (b) Wm. Weaver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26. year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1. 1942 to Sept. 26. 1942

that I last saw h. _____ alive on _____ 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis Duration 1 mo.

Due to _____

Due to _____

Other conditions 130
(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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Wayne M. Weaver (M. D. or other) D.O.
Address Marionville, Mo. Date signed 9/30/42

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

55
20

53

7/20/42

1156

RECEIVED.

District Health Officer No. 6,

District File Number 1042-1470

Date Filed OCT 7 1942

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

Hermai M. Curridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.