

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37542
Do not use this space.

1. PLACE OF DEATH
 (a) County macon Registration District No. 203
 (b) Township Jackson Primary Registration District No. 5735
 (c) City Redmon (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Viola Belle Mumford
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (MARRIAGE NO. (200) WIFE OF) Eugene Mumford
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-7-1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo
 FATHER 13. NAME J. B. McAfee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo
 MOTHER 15. MAIDEN NAME Ella Friday
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Sterling Mo
 17. INFORMANT (ADDRESS) Ella McAfee - Anabel mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 11-6-42
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. M. Gooding Atlanta Mo
 20. FILED Nov. 12, 1942 Macon L. Cambra Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-4-1942
 22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1942 to Nov 3 1942
 I last saw h. or alive on Nov 3rd 1942 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Infection of heart due to coronary disease & occlusion Date of onset _____
 Other contributory causes of importance:
Chronic nephritis & dropsy of Chronic Bronchitis 12/1/42
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Macon L. Cambra
 (Address) Shelbyville, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11/18/42

1039

NOV 20 1942

RECEIVED

District Health Officer No. 10

District File Number 11-42-2078

Date Filed NOV 16 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.