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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

DEC 30 1942

Registration District No. 933

Primary Registration District No. 3074

Registrar's No.

103
3
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sikeston Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
About 15 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Gray Ridge
(If outside city or town limits, write "RURAL")

(d) Street No. City (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Thorman Mayo

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1942 hour 2 minute 050 P.A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Pearl Mayo 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 30, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-30 1942 to 12-1 1942 that I last saw him alive on 11-30 1942 and that death occurred on the date and hour stated above

8. AGE: 54 Months 7 Days 1 If less than one day hr. min.

Immediate cause of death Acute myocarditis (with heart failure) *Purpura*

9. Birthplace Okland City Ind.
(City, town, or county) (State or foreign country)

Due to Stress, pneumonia & pneumonia

10. Usual occupation Farmer

Due to.....

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Self

12. Name Jas. P. Mayo

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Collins

15. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Mayo

(b) Address Gray Ridge, Mo.

17. (a) Burial (b) Date thereof 12/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Cemetery

18. (a) Signature of funeral director Watkins Funeral Serv.

(b) Address Dexter, Missouri

19. (a) 12/16/42 (b) Louis Largent
(Date received local Registrar's signature)

Major findings: Of operations 932

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?.....

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

23. Signature J. L. Largent (M. D. or other).....
Address Worcester, Mo. Date signed 12-1-42

RECEIVED

District Health Office No. 2,

District File Number 242-1702

Date Filed 12-28-42

JAN 21 1943

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 B. Brantlinger

Licensed Embalmer No. 429

P. O. Address Denver, 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.