

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2983

State File No.

FILED FEB 13 1943

Registration District No. 251

Primary Registration District No. 2048

Registrar's No. 8

1. PLACE OF DEATH: Nodaway
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(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: 2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Silas Lafayette Mazingo
3. (b) If veteran, name war: No
3. (c) Social Security No: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Emma Mazingo
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: Dec. 26 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 25 If less than one day hr. min.

9. Birthplace: Nodaway Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

12. Name: Silas L. Mazingo
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Mary Jane Griffith
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Mazingo
(b) Address: 1427 E. 4th Maryville Mo

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: Jan 23 1943 (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) 1-22-43 (Date received local registrar)
(b) Mary Cole (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1427 E. 4th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 21st year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 11th 1942 to Jan 21st 1943 that I last saw him alive on Jan 21st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis
Due to: Arteriosclerosis
Due to: 838

Other conditions: Proctitis-Chronic
(Include pregnancy within 3 months of death)
Prostatitis & Cystitis

Major findings: none
Of operations: none

Of autopsy: none

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: L. E. Dean (M.D. or other)
Address: Maryville Mo Date signed: 1-22-43

Per Dean

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 *Clara M. Price*.....

Licensed Embalmer No. *1822*.....

P. O. Address *Mayville 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.