

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21037

State File No.

FILED JUL 7 1944

Registration District No. 32

Primary Registration District No. 4042

Registrar's No. 35

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town W. TESVILLE
(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 1
In this community LIFETIME (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARADIE ELIZABETH CLARK

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years (Day) (Year)

7. Birth date of deceased SEPT. 4 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 5 hr. min.

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

10. Usual occupation H.W.F.

11. Industry or business

12. Name ANDREW J. MAYFIELD

13. Birthplace BOLLINGER Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MARY C. SIZES

15. Birthplace BOLLINGER Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Clark
(b) Address Lutesville, Mo.

17. (a) BURIAL (b) Date thereof JUNE 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. TESVILLE, Mo.

18. (a) Signature of funeral director Robert Ferguson
(b) Address Lutesville, Mo.

19. (a) 7/1/44 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BOLLINGER
(c) City or town W. TESVILLE
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9th
year 1944 hour 8:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/1/44 to 6/9/44;
that I last saw her alive on 6/9/44;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to Carcinoma of Liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&F

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 9
(b) Date of occurrence 9
(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? (e) Means of injury 9

23. Signature John J. Myers (M. D. or other)
Address Lutesville Date signed 7/1/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 744-402

Date Filed 7-6-44

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrellville, 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.