

S. No. 2
M-3-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28680

State File No. _____
Registrar's No. 129

FILED AUG 17 1944

Registration District No. _____ Primary Registration District No. 3059

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
313 Middle 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 313 Middle 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARRETTA DORIS MAYBERY
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24th
year 1944 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from July
24 - 1944 to July - 24 - 1944
that I last saw her alive on July 24 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 30 1944
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 3 day
Due to Pertussis 10/4

8. AGE: Years 0 Months 0 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 9
Of autopsy _____

10. Usual occupation None
11. Industry or business _____
12. Name Raynard Skaggs
13. Birthplace Blackwell Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clairine Lee Maybery
15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Maybery
(b) Address 313 Middle Bonne Terre
17. (a) Burial (b) Date thereof 7-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation B.I. Cemetery
18. (a) Signature of funeral director Benjamin Hutto
(b) Address 313 Benton Bonne Terre
19. (a) Aug 2 1944 (b) James Hutto
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury _____
23. Signature D. J. Evans (M. D. or other) _____
Address Bonne Terre Mo Date signed 7-26-44

RECEIVED

District Health Officer No. 4
District File Number 844-7218
Date Filed 8-12-44

STATEMENT BY LICENSED EMBALMER

Geo 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, fact should be so stated above.