

FILED DEC 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38501

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Mo.  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 12 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 79  
(c) City or town Caruthersville, MO. 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME

John C. Mayburn

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male ♂ 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eliza Mayburn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 6 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown 1 S. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Mayburn

13. Birthplace Unknown 1 S. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 3 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Eliza Mayburn

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, MO.

18. (a) Signature of funeral director J. L. LaFarge

(b) Address Caruthersville, Mo.

19. (a) 11-17-44 (b) Jessie M. Markey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th  
year 1944 hour 11 minute 40 AM.

21. I hereby certify that I attended the deceased from Aug. 21, 1944 19\_\_\_\_ to Nov. 17, 1944 ;  
that I last saw him alive on Nov. 16, 1944 19\_\_\_\_ ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 124 1/2

Major findings: Of operations \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature Jessie M. Markey (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 11/24/44

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

11-44-260

**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 *Leonard John Targo*

Licensed Embalmer No. *4336*

P. O. Address *Caruthersville, 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.**