

S. No. 2
1-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1945
Registration District No. 144

Primary Registration District No. 5562

State File No. 2386
Registrar's No. 371

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Pilot Knob Acadia Twp
(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 seven months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron 47
(c) City or town Pilot Knob 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ (1)

3. (a) PRINT FULL NAME Martha Ann Mayberry
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 5
year 1945 hour 3 minute 55 P.M.

4. Sex 1 Fem 5. Color or race white
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Marion Mayberry
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 6 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 11, 1944, to Jan 5, 1945;
that I last saw him alive on Dec. 29, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 5 Days 29
If less than one day hr. _____ min.

Immediate cause of death Myocarditis, chronic Duration 2 yrs.
Due to Arterial sclerosis, general

9. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 92d
Of autopsy _____

11. Industry or business _____
12. Name James Merritt
13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Mary Lou Short
(b) Address Pilot Knob Mo.
17. (a) burial (b) Date thereof 1-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Goodwater Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.
19. (a) Jan 10, 1945 (b) Ma Francis E. Hannel
(Date received local registrar) (Registrar's signature)

23. Signature Ben W. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 1-10-45

700
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1365

FEB 16 1945

RECEIVED

District Health Officer No. 4
District File Number 245-148
Date Filed 2-6-45

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 Amel White
Licensed Embalmer No. 3012
P. O. Address Amelore, Va.

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.