S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 2/10

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 10196

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Princeton
(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 ____ (Specify whether years, months or days)
In this community: All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Mercer

(c) City or town: Princeton
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Phoebe Mapel

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: May (Month) 30 (Day) 1854 (Year)

8. AGE: Years 90 | Months 8 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: House keeper

11. Industry or business: /

FATHER
12. Name: E. Riggs
13. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Mrs. Park Nichols
(b) Address: Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Princeton

18. (a) Signature of funeral director: Martin Funeral Home
(b) Address: Princeton, Mo.

19. (a) 2/12/45 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 10 year: 1945 hour: 1 minute: 30P.M.

21. I hereby certify that I attended the deceased from Jan. 2, 1939 to Feb. 10, 1945 that I last saw her alive on February 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis and myocardial degeneration — Duration: 10 yrs

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

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? Byron L. Axtell (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: Princeton, Mo. (M. D. or other) D.O.

Address ____ Date signed 2/12/45

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(Licensed Embalmer's Statement on Reverse Side)

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 H. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 2140

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.