

FILED AUG 28 1945

Registrar's District No. _____

Primary Registration District No. 5305

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR#3 Jefferson City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: 10 years in hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY MAYENS

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 Herman Mayens

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days _____ if less than one day hr. _____ min. _____

9. Birthplace: New York (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Pletzer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. B. J. Westerman

(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or reinterment) (b) Date thereof: 7/24/45 (Month) (Day) (Year)

(c) Place: burial or cremation Sup. Mo.

18. (a) Signature of funeral director Jacob Durand

(b) Address Jefferson City, Mo.

19. (a) 7-24-45 (Date received local registrar) (b) Jacob Durand (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RR#3 Jefferson City, Mo. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 11 minute 3 p.a. M.

21. I hereby certify that I attended the deceased from July 6 1945 to July 23 1945

that I last saw her alive on July 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial regurgita
ion
Age and high
blood pressure

Due to _____

Due to _____

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

Major findings: Of operations apex

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) (e) Means of injury _____

23. Signature L. P. Meyer (M. D. or other) _____

Address Jefferson City, Mo. Date signed July 24/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

8-1-45

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.....

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.