DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1945

State File No. 38321

Registration District No. 296 — Primary Registration District No. 4445 — Registrar's No. 28.

**1. PLACE OF DEATH:**

(a) County: Ray

(b) City or town: Orrick Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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 of Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Ray 89

(c) City or town: Orrick, Mo. 0
(If outside city or town limits, write "RURAL") U

(d) Street No.: "
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Madine Riffe Mayers

3. (b) If veteran, name war: ____

3. (c) Social Security No. 492-28-6320

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: J. D. Mayers

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

7. Birth date of deceased: July (Month) 1, (Day) 1906 (Year)

8. AGE: Years 39 | Months 4 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Orrick, Mo. (City, town, or county) U (State or foreign country)

10. Usual occupation: School Teacher

11. Industry or business: ____

FATHER
12. Name: Emmett Benjamin Riffe
13. Birthplace: Orrick, Mo. (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name: Fannie Sutton
15. Birthplace: Orrick, Mo. (City, town, or county) U (State or foreign country)

16. (a) Informant's own signature: J. D. Mayers
(b) Address: Orrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation: South Point Cem.

18. (a) Signature of funeral director: Brothers-Ford
(b) Address: Orrick, Mo.

19. (a) 11/11/45 (Date received local registrar) (b) Helen C. Larkin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 8th year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-5, 1945, to 11-8, 1945; that I last saw him alive on 11-8, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic myocarditis | 2 wks. |
| Due to: Chronic interstitial nephritis | 1 year |
| 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?
While at work? (Specify type of place) (e) Means of injury

23. Signature: Virgil E. Shed (M. D. ~~or other~~)
Address: Orrick Mo. Date signed 11-9-45

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 — 1 X19511

12-4-41

## 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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. E. Broadhurst

Licensed Embalmer No. 2771

P. O. Address Rayville

**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, above space should be left blank.**