

S. No. 2
MOM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1946
Registration District No. 155

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41494**
Registrar's No. 142

Primary Registration District No. 5579

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Pronggo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MINERAL TWP. RURAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 16 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Pronggo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural MINERAL TWP.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMER EVERETT MAHURIN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 25
year 1945 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from Dec. 4
1945 to Dec 25 1945
that I last saw him alive on Dec 24 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 10 1929
(Month) (Day) (Year)

Immediate cause of death. Tuberculosis
Duration 4 wks

8. AGE: Years Months Days If less than one day
16 10 15 hr. min.

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

9. Birthplace Webb city Mo. m
(City, town, or county) (State or foreign country)
10. Usual occupation Student

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Everett Mahurin
13. Birthplace no data Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Floie Bryant
15. Birthplace no data Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Father E. Mahurin
(b) Address Pronggo Mo
17. (a) Burial (b) Date thereof 12/27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Pronggo cemetery
18. (a) Signature of funeral director Walter Lewis
(b) Address Webb City Mo
19. (a) DEC 26 1945 (b) _____
(Data received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____
(c) Means of injury _____
Signature James V. Flaherty M.D.
Address 1200 Bldg Wash St Date signed 12-26-45

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..... *W. H. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *W. H. Hedge*

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.