

0-2  
2-13  
7-39  
X35697

**FILED** JAN 11 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 5

**1. PLACE OF DEATH:**  
 (a) County Peru  
 (b) City or town Hayti  
 (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 None  
 In this community 13 yr  
 years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Peru  
 (c) City or town Hayti  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MIKE MAHORN  
 (b) If veteran, name war No (c) Social Security No. -  
 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 Dec 28 1925  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan, day 1, year 1946 hour 11 minute 30 AM.  
 21. I hereby certify that I attended the deceased from 12-27-1945 to 12-27-1945  
 that I last saw him alive on 12-27-1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction  
 Due to Hypertension  
 Due to arteriosclerosis  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_  
 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 J. L. Masters (M. D. or other) \_\_\_\_\_  
 Address Hayti Mo Date signed 1-1-46

**8. AGE:** Years 20 Months 0 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Dyersburg Tenn  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation retired  
 11. Industry or business \_\_\_\_\_  
 12. Name Zimbrann  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 16. (a) Informant Emma Fark  
 (b) Address Hayti Mo  
 17. (a) Burial (b) Date thereof 1-3-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hayti, Mo  
 18. (a) Signature of funeral director J. L. Masters  
 (b) Address Steele, Mo Box 121  
 19. (a) 1-3-46 (b) Lucille Kelley  
 (Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

12-45-247

---

---

**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 John H. German  
Licensed Embalmer No. 4355  
P. O. Address Steele, Missouri

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Feb  
Registrar's No. 5

Registration District No. 267 Primary Registration District No. 3049

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hayti  
(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  
In this community 12 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mike Mahorner

3. (b) If veteran, name war. No 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color of race wh. 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 28 1970  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

12. Name Maxman

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Emma Ford

(b) Address Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Coy Springsville, Mo.

18. (a) Signature of funeral director W. B. Steel

(b) Address Steel, Mo. B57121

19. (a) 1-13-46 (Date received local registrar) (b) W. B. Steel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Hayti, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1946 hour \_\_\_\_\_ minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-27-45 to 12-27-45 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Myocardial Hypertension

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. J. Masters (M. D. or other)

Address Hayti, Mo Date signed 1-46

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

STIPPLED TENTATIVE

MOTHER FATHER

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

1733

3574