

No. 2
8-13
5-17-39
I X37823

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede **53**
(c) City or town Lebanon **1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. 118 N. Monroe **0**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Marshall Mahaffey
3. (b) If veteran, name war _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12
year 1946 hour 4 minute _____ P.M.
21. I hereby certify that I attended the deceased from 9-1- 1945 to 2-12- 1946
that I last saw him alive on 2-12- 1946
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 Widowed
6. (b) Name of husband or wife Lula G. Mahaffey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 12 1856
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis & myocardial degeneration (7)
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
89 10 29 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 93d
Underline the cause to which death should be charged statistically.

9. Birthplace Bristol Tenn (City, town, or county) (State or foreign country) **1**
10. Usual occupation Miller

MOTHER FATHER
11. Industry or business _____
12. Name Samuel Delford Mahaffey
13. Birthplace Tenn. (City, town, or county) (State or foreign country) **1**
14. Maiden name Sarah Jemison
15. Birthplace Tenn. (City, town, or county) (State or foreign country) **1**

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? _____

16. (a) Informant Claud Mahaffey
(b) Address Springfield, Mo
17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon, Mo.
19. (a) Feb 20, 1946 (b) Dr. Frankberger
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature B.E. Narell (M. D. or other) **MD**
Address Lebanon, Mo Date signed 2-14-46

Received 3/12/46

Laclede County Health Unit

File No. 2-46-16

Date Filed 3/12/46

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

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.