No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13777

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 603 E. Prairie 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 81 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 603 E. Prairie 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM MAHURIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Beclie Mahurin
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased October (Month) 8 (Day) 1862 (Year)

8. AGE: Years 83 Months 6 Days 20 If less than one day hr. min.

9. Birthplace DK (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Isaac Mahurin
13. Birthplace Grayson Co (City, town, or county) Ky 1 (State or foreign country)
MOTHER
14. Maiden name Nancy Palmer
15. Birthplace Salsbury (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Lee Mahurin
(b) Address 317 Grant St. Brookfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 (Month) (Day) 1946 (Year)
(c) Place: burial or cremation Rose Hill May-1-46
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) 4/30/46 (Date received local registrar) (b) Evelyn Kelley Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 4-28-46, 19, to 4-28, 1946, that I last saw him alive on 4-28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial infarction	?
Due to Generalized arteriosclerosis	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph H. Lohrisch (M. D. or other)
Address Brookfield Mo Date signed 4-30-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. W. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.