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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43561**

Registration District No. **185**

Primary Registration District No. **5691**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Linn**

(b) City or town **Rural Jefferson**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 1/2 miles north east of Laclede,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **55 years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn** **58**

(c) City or town **Rural Laclede** **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Charles Stephen Mahurin**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December**, day **28**
year **1946** hour **4⁰⁰** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Oct. 28**, 19**46** to **Dec 28**, 19**46**
that I last saw him alive on **Dec 27**, 19**46**; and that death occurred on the date and hour stated above.

4. Sex **male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Wife Ella May Mahurin**

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

7. Birth date of deceased **Dec. 21**, 18**84**
(Month) (Day) (Year)

Immediate cause of death:
Coronary thrombosis with occlusion **8 hrs.**
Atherosclerosis
coronary arteries.

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

62 **0** **7** hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **74A**

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace **Laclede, Linn Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **His farm**

12. Name **William Stephan Mahurin**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Ann Elliston**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

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 **0**

23. Signature **John R. Dyer** (M. D. or other) **0**
Brookfield, Mo. Date signed **12-30-46**

16. (a) Informant **Ella May Mahurin**

(b) Address **Laclede, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-30-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Laclede, Mo. Cemetery**

18. (a) Signature of funeral director **W. H. ...**

(b) Address **Laclede, Linn Co. Mo.**

19. (a) **Dec 30-1946** (b) **Chris A. Martens**
(Date received local registrar) (Registrar's signature)

**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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed My Shouse

Licensed Embalmer No. 2876

P. O. Address. Lelide, 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.