

No. 2
M-5-43
5-17-39
X3667

FILED MAR 6 7 1947

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Missouri State Prison Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 28 da.
(Specify whether years, months or days)

In this community 4 yrs. 9 Mo. 13 da.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town St. James
(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 Allen Mayberry

3. (b) If veteran, name war Unknown

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-28-47 day _____
year _____ hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Dec. 31, 1946
to Feb. 28 1947, 19____
that I last saw him alive on Feb. 27th 1947, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Feb. 18 1916
(Month) (Day) (Year)

Immediate cause of death _____
Tuberculosis
Bi enteria

Due to _____

Due to _____

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

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

31	0	10	hr. _____ min.
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9. Birthplace Unknown A
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings:
Of operations _____

Of autopsy no 13B

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

MOTHER FATHER {

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(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 _____

23. Signature W. V. McTully (M. D. physician) 2-28-47
Address Jefferson City, Mo. Date signed _____

16. (a) Informant Mo. State. Prison Hosp Recds.

(b) Address Jefferson City, Mo

17. (a) Removal + Burial (b) Date thereof 3-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo

18. (a) Signature of funeral director Gordon Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 2-28-47 (b) R. W. Darrin, M.D.
(Date received local registrar) (Registrar's signature)

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

6
15
4

68

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 3 1947

MAR 14 1950

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.....

Not Embalmed

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.