

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*St. Louis*

10211

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

Registrar's No. *22*

FILED APR 15 1947

Registration District No. *270*

Primary Registration District No. *2050*

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

1. PLACE OF DEATH:

(a) County *Pemscot*  
(b) City or town *Canthussville*  
(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 \_\_\_\_\_  
In this community *42 years* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Pemscot* *78*  
(c) City or town *Canthussville* *1*  
(If outside city or town limits, write "RURAL") *2*  
(d) Street No. \_\_\_\_\_ (If rural, give location) *0*  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

*Cora Mayfield*

(b) If veteran, name war */*

(c) Social Security No. */*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *4* year *1947* hour *2* minute *45P* M.

21. I hereby certify that I attended the deceased from *Mar. 24* - *1947* to *Apr. 4* - *1947* that I last saw her alive on *Mar. 26* - *1947* and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Hemorrhage* Duration *11 days*

4. Sex *Female*

5. Color or race *white*

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: *Feb 28 1865*  
(Month) (Day) (Year)

8. AGE: Years *82* Months *1* Days *6* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: *Monticello Missouri*  
(City, town or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business *Housewife*

12. Name *Unknown*

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) *9*

14. Maiden name \_\_\_\_\_ (State or foreign country) *9*

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

16. (a) Informant *Mrs. Luther Beldy Canthussville*

(b) Address *Mrs. Floris Watkins*

17. (a) *Burial* (b) Date thereof *4-5-1947*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Little Plains*

18. (a) Signature of funeral director *L. J. Large and Co.*

(b) Address *Canthussville Mo.*

19. (a) *4-11-47* (b) *Greese B. Wilko*  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

22. If death due to external causes, fill in the following:  
(a) Nature of injury, accident, 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. R. Union* (M. D. or other) *0*

Address *Canthussville, Mo.* Date signed *4-4-47*

PHYSICIAN

Underline the cause to which death should be charged statistically.

247

(Licensed Embalmer's Statement on Reverse Side)

4-47-129.

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.....

*Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address.....

*Caruthersville  
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.**