

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12524
Registrar's No. 169

FILED APR 24 1947
Registration District No. 43

Primary Registration District No. 5140

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
Route # 1 Kings Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community... Life)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Jefferson Monroe Mayo

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. Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: December 8 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>8</u>	hr. _____ min. <u>9</u>

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Francis Mayo 1

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mirah Woodruff

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Matt Mayo

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kearbey Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 4/18/47 (b) R. M. ...
(Date received local registrar) (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1/27/47
2 1947, to 2/12 1947

that I last saw h. im alive on _____ 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation

Due to Myocarditis

Due to ventral Regurgitation

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

Major findings: _____

Of operations 92B

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Frank E. Dineen M. D. 00000 MD

Address Poplar Bluff, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 447-616

Date Filed 4-22-47

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.....

John M. Davies

....., Registered Apprentice No. 487

working under my personal supervision.

Signed.....

Wallace N. Fitch

• Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.