

Registration District No. 68

Primary Registration District No. 5267

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

1. PLACE OF DEATH:

(a) County Christian So Gallopoy

(b) City or town Highlandville Mo, RR

(c) Name of hospital or institution: Rural

(If not in hospital or institution, write street number or location)

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

In this community 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

(c) City or town Highlandville Mo, RR

(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mary A. Mayberry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-1-1945 to Feb. 2nd 1947

that I last saw her alive on 11-12-1945 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W.

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: Jan. 28 1851

(Month) (Day) (Year)

Immediate cause of death: Heart trouble

Due to _____

Due to _____

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

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

86 0 4 hr. min.

9. Birthplace: Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation: House Keeper

MOTHER FATHER

11. Industry or business _____

12. Name: Thomas Fisher

13. Birthplace: don't know

14. Maiden name: don't know

15. Birthplace: don't know

Major findings: 95C

Of operations _____

Of autopsy _____

16. (a) Informant: Birdie C. White

(b) Address: Highlandville Mo, RR

17. (a) Burial (b) Date thereof: Feb 4, 47

(Burial, cremation, or entombment) (Month) (Day) (Year)

(c) Place: burial or cremation: Montague Cemetery

18. (a) Signature of funeral director: T. B. Chaffin

(b) Address: Ozark Mo

19. (a) March 1- (b) Geretta Leonard

(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature: J. W. Madeo (M. D. or other) _____

Address: Ozark Mo Date signed: 2-4-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 447-430
Date Filed APR 16 1947

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 T. B. Chaffin
Licensed Embalmer No. 2182
P. O. Address Ozark, 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.