

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16678**
Registrar's No. **208**

FILED JUN 2 1947
Registration District No. **43**

Primary Registration District No. **5142**

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

1. PLACE OF DEATH:

(a) County **XXXXXXXXXXXXXXXXX Butler**

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

(c) Name of hospital or institution: **NEELY Twp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 years** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Butler** **12.**

(c) City or town **Neelyville** **1.**
(If outside city or town limits, write "RURAL")

(d) Street No. **11** (If rural, give location)

(e) Citizen of foreign country? **1.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Etta Maywethers**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14** year **1947** hour **8** minute **P.** M.

4. Sex **female** 5. Color or race **colored**

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

6. (b) Name of husband or wife **Ed Maywethers**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Nov. 11 1895**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **now** 1946 to **April 14** 1947
that I last saw her alive on **April 8** 1947
and that death occurred on the date and hour stated above.

8. AGE: Years **51** Months **4** Days **5** If less than one day hr. min.

Immediate cause of death: **circumstances of death**

Duration _____

9. Birthplace **Granville Tenn. 1**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation **housewife**

Other conditions **arteriosclerosis**
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations **none** **46**

12. Name **John Stevens**

Of autopsy **none**

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

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

14. Maiden name **Anna Childers**

15. Birthplace **Granville Tenn. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tommie Maywethers**

(b) Address **Neelyville, Mo. 18**

17. (a) **Burial** (b) Date thereof **4/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Minnie Gish**

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

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? **1.**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. E. ...** (M. D. or other) **MD**

Address **Naylor, Mo.** Date signed **4/16/47**

RECEIVED

District Health Office No. 2,

District File Number 547-764

Date Filed 5-27-47

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.....

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

Signed.....

Bryan McCord

Licensed Embalmer No.....

4979

P. O. Address.....

7 Taylor, Ga

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.