

FILED AUG 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24052

State File No.

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile north of Ironton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Edward Mauzy

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased January 3 1935
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>6</u>	<u>24</u>	hr. _____ min.

9. Birthplace Pilot Knob Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation school boy

11. Industry or business

12. Name Edward Mauzy

13. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Theima Myer

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Mauzy

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 4-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address P. White Ironton Mo.

19. (a) 8-4-47 (b) Mrs. W. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1947 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-21-47, 19____, to 7-27-47, 19____;
that I last saw him alive on 7-27-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute bilateral bronchial pneumonia
Due to Acute tonsillitis
pyelitis
Other conditions acute rheumat'c fever
(Include pregnancy within 3 months of death)

Duration

2 days

7-21-47

7-1-47

?

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 107

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? no

23. Signature J. P. E. Harland (M. D. or other) m.d.
Address Ironton, Mo. Date signed 7-28-47

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

File Number 847-1028

8-11-47

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 Ruedy White

Licensed Embalmer No. 3612

P. O. Address Greenville, S.C.

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.