. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9037

FILED MAR 25 1948

Registration District No. 57

Primary Registration District No. 3028

Registrar's No. 53

49
1
3

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 35 Years or Longer years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 737 Olive St., 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Amalia MAYERHOFF
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 78 | Months - - | Days - - | If less than one day hr. min.
9. Birthplace Dunkirk, N.Y. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Julius Mayerhoff
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Wehrer
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sam Lahrman
(b) Address Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 3-8-1948 (Date received local registrar) (b) L. B. Clinton M.D. 139 (Registrar's signature) 7 4.7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th.
year 1948 hour 9:45 minute P. M.
21. I hereby certify that I attended the deceased from Did not Attend, 19 to 19;
that I last saw her alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Shock & Exposure
Due to Fell down Basement
Other conditions (Include pregnancy within 3 months of death) Stops and was found
Major findings:
Of operations About 48 hours Later
Of autopsy 1964

Duration 3

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 3, 1948
(c) Where did injury occur? Carthage Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fell down Stairs
23. Signature D. W. Derfelt (M. D. or other) DC
Address 211 Joplin Date signed 3/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-146

JUN 16 1948

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 Ed. C. Ulmer

Ed. C. Ulmer

Licensed Embalmer No. 2222

P. O. Address Carthage, 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.