

S. No. 2
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5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9276

FILED APR 8 1948

Registration District No. 175

Primary Registration District No. 5649

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Dry Valley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence 55
(c) City or town Rural (If outside city or town limits, write "RURAL")
RR # 2 Pierce City, Mo.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Monroe Maberry
(b) If veteran, name war No (c) Social Security No. _____

4. Sex M O 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. March 22 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 9 hr. min.

9. Birthplace Newton County Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Lawrence E. Maberry
(b) Address Pierce City, Mo.

17. (a) Burial (b) Date thereof Feb 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dry Valley Cemetery

18. (a) Signature of funeral director William H. Dessell
(b) Address Pierce City, Mo.

19. (a) Feb 7-48 (b) Ors. Mc. Matty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1948 hour 1:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from Jan 31
1948 to Jan 31 1948
that I last saw him alive on Jan 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to _____
Due to _____

Other conditions Indigestion Burns Both legs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 181
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) Accident
(b) Date of occurrence Jan 31, 48
(c) Where did injury occur? Home (City or town) (County) (State) 55
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home at home
While at work? no (Specify type of place) (e) Means of injury Burn

23. Signature W. H. Dessell (M. D. or other) MD
Address Pierce City, Mo. Date signed Feb 3, 48

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

RECEIVED

District Health Officer No. 6,

District File Number 348-376

Date Filed 1918

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 London Bennett

Licensed Embalmer No. 4213

P. O. Address W. Bennett, Inc.

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.