

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED APR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11930

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(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) 0

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 7

(d) Street No. 702 East High Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Stella L. Waters

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from April 9 1948, to April 10 1948; that I last saw her alive on April 11 1948; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Guy Waters 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 12 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death acute myocardial infarction Duration 12 hrs

Due to _____

Due to _____

9. Birthplace Boonville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Phillip P. Mayfield 1

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

14. Maiden name Maria Louise Duhavant 0

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

16. (a) Informant Guy Waters

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tebbetts, Missouri

18. (a) Signature of funeral director Paul J. Loyd

(b) Address Jefferson City, Missouri

19. (a) 4-12-48 (b) R. A. Harrison
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 61

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) _____

(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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Paul J. Loyd, M.D. (M.D. or other) 0
Address 425 Madison Date signed 4-12-48

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

54

RECEIVED
District Health Officer No. 9,
David File Number
Date Filed APR 19 1948

APR 20 1948

APR 21 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 G. N. Housler, Registered Apprentice No. 42

working under my personal supervision.

Signed Ferd P Dulle
Licensed Embalmer No. 3890
P. O. Address Jefferson City 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.