

FILED APR 21 1948

Registration District No. 208

Primary Registration District No. 5898

Registrar's No. 10

1. PLACE OF DEATH: Ozark

(a) County Ozark

(b) City or town Rural - Richland Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs
(Specify whether years, months or days)

In this community 16 yrs
(years, months or days)

3. (a) PRINT FULL NAME Haskell B. Mayberry

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

4. Sex M O 5. Color of race W

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: October 2 1931
(Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Earnest Mayberry

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

14. Maiden name Viola Driskell

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

16. (a) Informant W. E. Mayberry
(b) Address Dora, Mo.

17. (a) Burial (b) Date thereof 3-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dora, Mo.

18. (a) Signature of funeral director Clinkingbeard Fun Home
(b) Address Gainesville, Mo.

19. (a) 2-30-48 (b) William Cogwell
(Date received local registrar) (Registrar's signature) 405

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77

(c) City or town Dora - rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no- (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from March 7 1948 to March 23 1948
that I last saw him alive on March 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Paralytic ileus Duration 6 hr

Due to _____

Due to Acute appendix, not perforated Mar. 7, 1948

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

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? 2
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature M. Hoerman (M. D. or other) 210
Address Gainesville, Mo. Date signed 3/24/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. **6**

District File Number 448-433

Date Filed 4-17-48

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.....

Charles R. Fisk

Registered Apprentice No. 45

working under my personal supervision.

Signed W. B. [Signature]

Licensed Embalmer No. 3431

P. O. Address Jamesville 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.