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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20344

Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town LaMonte
(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 _____ (Specify whether years, months or days) 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vennie Marie Mahin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Lloyd R. Mahin

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Apr 11 7 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>		hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Austin E. Dixon

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

14. Maiden name Cora Wharton

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

16. (a) Informant Lloyd Mahin

(b) Address LaMonte Mo.

17. (a) Burial (b) Date thereof 6 9 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Cemetery

18. (a) Signature of funeral director Paul Morrow

(b) Address LaMonte Mo.

19. (a) 6-9-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town LaMonte
(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 June day 7
year 1948 hour _____ minute 6:00 a.m.

21. I hereby certify that I attended the deceased from June 6 1948 to June 7 1948
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul Morrow (M.D. or other)
Address Knobnoster Mo. Date signed June 15 1948

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-17-48

JAN 2 1949

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.