

Registration District No. _____ Primary Registration District No. 4426 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Fair Play
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Fair Play, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margret Mayse
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 Charley Mayse 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased April 15 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

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

16. (a) Informant Mrs. Ira Galyan
(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Barker, Ewing & Blue
(b) Address Fair Play, Mo.

19. (a) July 14, 1948 (b) Ralph Borden
(Date received local funeral) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1948 hour 5 minute 20 pm.

21. I hereby certify that I attended the deceased from July 4, 1948 to July 8, 1948
that I last saw her alive on July 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to Arteriosclerosis & Coronary occlusion

Due to _____

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

Major findings:
Of operations _____
Of autopsy 93D

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) _____ (c) Means of injury 2

23. Signature D. F. Wilson (M. D. or other) _____
Address Fair Play, Mo. Date signed 7/9/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 429

Date filed 7-24-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.