No. 2
11-10-39
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X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28677

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 108

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 1 mo 9 dy (Specify whether)
In this community 3 Years 1 Month 9 dy
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 2 0

(c) City or town Eldorado Springs 2
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME ALTON-MAYS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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 Nov 19 1903 (Month) 19 (Day) 1903 (Year)

8. AGE: Years 44 Months 8 Days 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name Frank Mays
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ellerman
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record
(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs

18. (a) Signature of funeral director Lyvenn Carathers
(b) Address El Dorado Springs Mo

19. (a) 8-9-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th year 1948 hour 11 minute 40 a M.

21. I hereby certify that I attended the deceased from 6-30-, 1948, to 8-4, 1948; that I last saw him alive on 8-4-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to ✓

Due to ✓

Other conditions Post Encephalitis 15 yrs
(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? ✓
(Specify type of place)
While at work? (e) Means of injury ✓

23. Signature R. I. S. Hall (M. D. or other)
Address Nevada Mo Date signed 8-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-42-94
Date Filed 8-16-48

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 Floyd E. Carathers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs

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, above space should be left blank.