

No. 2  
-1/47  
-17-39

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 186

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39607

Primary Registration District No. 5250

Registrar's No. 90

1. PLACE OF DEATH:

(a) County CHARITON  
(b) City or town BRUNSWICK RURAL  
(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 CHARITON  
(c) City or town BRUNSWICK "RURAL"  
(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 GROVERMAN E. MAYHUGH  
3. (b) If veteran, name war   
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 7<sup>TH</sup>  
year 1948 hour 10: minute 30 P.M.  
21. I hereby certify that I attended the deceased from Dec. 1  
1948 to Dec. 7th, 1948;  
that I last saw him alive on Dec. 7th, 1948;  
and that death occurred on the date and hour stated above.

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 OCTOBER 10 1948  
(Month) (Day) (Year)

Immediate cause of death Acute Dehydration assoc. with acute malnutrition  
Due to Pyloric spasm of stomach spincture hypertrophic of stomach, since birth.  
Duration terminal

8. AGE: Years Months Days If less than one day  
0 21 27 hr. min.

9. Birthplace IRANSBURY CITY MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation NONE

11. Industry or business NONE

12. Name CARRY MAYHUGH

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

14. Maiden name ELIZABETH JENNINGS

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

Major findings: Of operations  
Of autopsy 1572  
PHYSICIAN Underline the cause of which death should be charged statistically.

16. (a) Informant MR. CARRY MAYHUGH  
(b) Address BRUNSWICK MISSOURI

17. (a) BURIAL (b) Date thereof 12-9-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK MO

18. (a) Signature of funeral director L. Maerz  
(b) Address BRUNSWICK MO

19. (a) 12-9-48 (b) Mildred Brown  
(Date received local registrar) (Registrar's signature)

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 H.P. Fowler (M. D. or other) D.O.  
Address Brunswick, Missouri Date signed 12/9/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-11-49

---

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

*L J Maisel*

Licensed Embalmer No. 823

P. O. Address Brensburg 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.