

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1836

Registration District No. 199

Primary Registration District No. 4312

Registrar's No. 12

1. PLACE OF DEATH:

(a) County: MACON
 (b) City or town: ETHEL
 (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: 99 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex: F. M. 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed
 6. (b) Name of husband or wife: - 6. (c) Age of husband or wife if alive: 1 years
 7. Birth date of deceased: Mar. 1, 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 21 hr. min.

9. Birthplace: Macon County, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeping

11. Industry or business: -

12. Name: Lewis Mayfield

13. Birthplace: Parisville, Ky.
 (City, town, or county) (State or foreign country)

14. Maiden name: Michelle Jane Sobel

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

16. (a) Informant: A. J. Cook

(b) Address: Ethel, Mo.

17. (a) Burial (b) Date thereof: Jan 24, 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chariton Cem.

18. (a) Signature of funeral director: Laragon Funeral Service

(b) Address: Ethel, Mo.

19. (a) Jan 27, 1949 (b) Daphne Stewart
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Macon
 (c) City or town: Ethel
 (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 Jan day 22
 year 1949 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-28
1948, to 12-22, 1948.
 that I last saw h.s. alive on 1-9, 1949.
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Terminal
comp.

Due to: CAEHEPIA

Due to: Senility

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

Major findings: VAIT
 Of operations: -

Of autopsy: -

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? 2 (e) Means of injury: 0

23. Signature: Joseph W. Edwards M. D. or other: -

Address: Brookfield Mo. Date signed: 1-22-49

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 249

Date Filed

FEB 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

L. A. Larson

Licensed Embalmer No.

4037

P. O. Address

Burlington, 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.