DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3812

Registration District No. 360 Primary Registration District No. 3026 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cit Power House of Mo Public Service Corp (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) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada (If outside city or town limits, write "RURAL") 3

(d) Street No. 504 S College Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Roy Marion Mabry

3. (b) If veteran, name war None

3. (c) Social Security No. 491-05-8328

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena M. Mabry

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

7. Birth date of deceased April (Month) 4 (Day) 1888 (Year)

8. AGE: Years 60 Months 9 Days 25 If less than one day ___ hr. ___ min.

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

10. Usual occupation Chief Engineer, Mo. Pub. Serv.

11. Industry or business

MOTHER FATHER

12. Name George Marion Mabry

13. Birthplace Near Nashville (City, town, or county) Tennessee (State or foreign country)

14. Maiden name Minnie Herrick

15. Birthplace Syracuse (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Roy M. Mabry

(b) Address Nevada, Mo.

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

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen E. Hays

(b) Address Nevada Mo.

19. (a) 2-3-49 (Date received local registrar) (b) Kathryn H. Spicer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1949 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Rheumatic heart disease with mitral stenosis and regurgitation, plus arteriosclerotic heart disease — Duration: yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. D. Thurman (M.D. or other) Coroner

Address Nevada, Missouri Date signed 1-31-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-4-9-19
Date Filed 2-7-49

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.