

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9135

BIRTH NO. 49-016335 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Renewville First</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Renewville</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>0 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) <u>LINDA - MAHURIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4th 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-4-49</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Mins. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Renewville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Joseph Mahuree</u>		14. MOTHER'S MAIDEN NAME <u>Jessie Stites</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>7 96</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Mahurin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PREMATURE 7 MO</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature 7 mo</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Premature 7 mo</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature 7 mo</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7 96</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 4, 1949, to Feb 4, 1949, that I last saw the deceased alive on Feb 4, 1949, and that death occurred at 7:00 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Scott Bissel M.D.</u>		23b. ADDRESS <u>Renewville Mo</u>		23c. DATE SIGNED <u>3/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tram</u>	
24d. LOCATION (City, town, or county) (State) <u>Renewville Mo</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Tram</u>		24f. LOCATION (City, town, or county) (State) <u>Renewville Mo</u>	

DATE REC'D BY LOCAL RAG. <u>3-22-49</u>		REGISTRAR'S SIGNATURE <u>Maxine Humphrey</u>		428	
50. FUNERAL DIRECTOR'S SIGNATURE <u>R M Humphrey</u>		ADDRESS <u>Renewville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 6  
District File Number 449-414  
Date Filed 4-6-49

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

R. M. Humphrey, Jr.

Student Embalmer No. 285

working under my personal supervision.

Signed R. M. Humphrey, Jr.  
Student Embalmer

Signed Wayne E. Humphrey  
Licensed Embalmer No. 4262  
P. O. Address Princeton, N.J.

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.