

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35797
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3818 Registered No. _____
 (c) City Clinton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

600 Minnie C Mayer
 (a) Residence, No. 313 W Clinton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Mayer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cass Co mo

FATHER 13. NAME

A. M. Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

CLEVELAND Ohio

MOTHER 15. MAIDEN NAME

Julia Yoder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

BELLFOUNTAIN Ohio

17. INFORMANT (ADDRESS)

George Mayer Clinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE ENGLEWOOD DATE 10-19 38

19. FUNERAL DIRECTOR (ADDRESS)

CONSALUS PECK Clinton mo20. FILED 11-7 1938W. R. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17 1938

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1938, to October 17, 1938
 I last saw him alive on October 17, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

10/9/38

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 1938
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. W. Nothman, M. D.

(Address) Clinton, mo
312

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1942

JAN 15 1942

RECEIVED

District Health Officer No. 7,

District File Number 7-38-367

Date Filed 11-9-38

STATEMENT BY LICENSED EMBALMER

I, M. D. Snow, Licensed Embalmer No. 4034

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 4034 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed M. D. Snow

Licensed Embalmer No. 4034

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.)