

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9191**

Registration District No. **187** Primary Registration District No. **4214** Registrar's No. **50**

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Deepwater Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Deepwater Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Em Town** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nancy Jane Mayfield**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **4**
year **1946** hour **5:45** minute _____ A. M.
21. I hereby certify that I attended the deceased from **Feb. 10**
_____ 19**46** to **March 4** 19**46**
that I last saw **her** alive on **March 3** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **Sept. 20 1894**
(Month) (Day) (Year)

Immediate cause of death: **Hypostatic Pneumonia** Duration **4 days**
Due to **Edema of Pelvic Venae**
Due to _____

8. AGE: Years **71** Months **6** Days **4** If less than one day _____ hr. _____ min.
9. Birthplace **Buffala Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housekeeper**

Other conditions **Malnutrition, Myocarditis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **552**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **James Coffelt**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Lemans**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

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 **A. B. Deman** (M. D. or other) _____
Address **Jourdan Mo.** Date signed **3-4-46**

16. (a) Informant **Edna Emogene Mayfield**
(b) Address **Deepwater, Missouri**
17. (a) **General** (b) Date thereof **3-5-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maplewood Cem**
18. (a) Signature of funeral director **Tom Harris**
(b) Address **Deepwater, Mo.**
19. (a) **3-4-46** (b) **R. R. Remy**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

..... 3-46-323

..... 4-9-46

JUL 30 1946

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..... *Tom Hunt*
Licensed Embalmer No. *2782*
P. O. Address. *Deepwater 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.