

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13777

FILED MAY 14 1946

Registration District No. 187

Primary Registration District No. 2032

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 603 E. Prairie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 81 yrs
(Specify whether years, months or days)

In this community 81 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 603 E. Prairie 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM MAHURIN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 4-28-46
_____ 19____ to 4-28 1946
that I last saw him alive on 4-28 1946
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Beckie Mahurin 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased: October - 8 - 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace DK Ill
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Isaac Mahurin

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

14. Maiden name Annancy Palmer

15. Birthplace Salsbury Mo
(City, town, or county) (State or foreign country)

16. (a) Informant See Mahurin

(b) Address 217 Grant St. Brookfield

17. (a) Burial (b) Date thereof May 15 1946
(Burial, cremation, or removal) (City or town) (County) (State) (Year) (Day) (Month)

(c) Place: burial or cremation Hope Hill Funeral Home

18. (a) Signature of funeral director Hope Hill Funeral Home

(b) Address Brookfield Mo

19. (a) 4/30/46 (b) Evelyn Kelly, Deputy
(Date received by registrar) (Registrar's signature)

Immediate cause of death: acute myocardial infarction

Due to: Generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration ?

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) _____

(e) Means of injury 0

23. Signature Joseph A. Edwards (M. D. or other) _____
Address Brookfield Mo Date signed 4-30-46

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

1946

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 J. R. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.