

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.

MAR 17 1939

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

7045  
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 470  
 (b) Township W. Vernon Primary Registration District No. 5-633 Registered No. 22  
 (c) City W. Vernon (d) Street No. \_\_\_\_\_ St.  
 (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

(a) Residence, No. 304 years 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 Female 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 A. B. King  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1872  
 7. AGE YEARS 66 MONTHS 7 DAYS 28 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) Edgwick, Ill  
 FATHER 13. NAME Jasper N. Mayner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 MOTHER 15. MAIDEN NAME Lena Frieze  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) A. B. King W. Vernon Mo  
 18. BURIAL, CREMATION OR REMOVAL PLACE 0002 DATE 2/10/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo R. Orr W. Vernon Mo  
 20. FILED Feb. 18, 1939 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8<sup>th</sup>, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Feb 4, 1939  
 Last saw her alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis, acute Date of onset 1-6-39  
degenerative myocarditis 1-6-39  
 Other contributory causes of importance:  
Arteriosclerosis  
Hypertension 3 yrs

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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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) Don J. Silsby M. D.  
421 (Address) W. Vernon, Mo

RECEIVED

District Health Officer No. 6,

District File Number

6-39-501

Date Filed

MAR 6 1939

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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

*George B. Orr*

Licensed Embalmer No. ....

944

P. O. Address

Mr. Vernon J. Orr

**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, above space should be left blank.**