No. 2
10-39
REP
1492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14901

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 362

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 755 S. Nettleton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield (If outside city or town limits write "RURAL")

(d) Street No. 755 S. Nettleton (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Ida Myers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr (Month) 6 (Day) 1851 (Year)

8. AGE: Years 89 Months 0 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Domestic 0

11. Industry or business Domestic

FATHER
12. Name Dark Marley
13. Birthplace (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Leddie Marley

(b) Address 755 S. Nettleton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetary

18. (a) Signature of funeral director N. P. Campbell

(b) Address 867 Washington

19. (a) 4/15/40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1940 hour 3:20 minute A M.

21. I hereby certify that I attended the deceased from 4/2/40 ~~4/13/~~ ~~19~~ to 4/13/ 1940 that I last saw her alive on 4/6/40 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis	unknown
Due to	
Due to	
Other conditions Chr. Nephritis (Include pregnancy within 3 months of death) Arterio-Sclerosis	unknown

Major findings:
Of operations
Of autopsy

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? 0814 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Jenkins M.D. (M. D. or other)

Address 305 E. College St. Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 W. P. Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14901

Registration District No. 218 Primary Registration District No. 2001 Registrar's No. 362

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 6 20

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Mary Ida Ayers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: wd

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-15-40 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 13 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

While at work? (e) Means of injury

23. Signature R E Jenkins (M. D. or other)

Address Springfield Mo. Date signed

SUPPLEMENTARY

S-14901