

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27802

Registration District No. 1001

Primary Registration District No. 1001

Registrar's No. 730

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 minutes,
(Specify whether
In this community 14 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2140 South 9th Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd.
year 1941 hour 4:00 minute 43 pm.
21. I hereby certify that I attended the deceased from August 1
August 1 1941 to August 3 1941;
that I last saw him alive on August 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute myocarditis Duration 3 days
Due to chronic glomerulonephritis 6 mos.
Due to 131B
Other conditions Old infantile paralysis 25 yrs.
(Include pregnancy within 3 months of death)
with deformities of extremities and trunk
Major findings:
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Glendon Ward Mayse,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single,

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

7. Birth date of deceased February 5th, 1911.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>5</u>	<u>28</u>	hr. min.

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

10. Usual occupation None,

11. Industry or business _____

12. Name Robert L. Mayse

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

14. Maiden name Alta M. Files.

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

16. (a) Informant Robert L. Mayse

(b) Address 2140 So. 9th Street,

17. (a) Burial (b) Date thereof 8/5/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cem.

18. (a) Signature of funeral director Heaton, Baker, Bowman Funeral
(b) Address 319 So. 10th Street, Home

19. (a) Aug 5 1941 (b) A. Needlebusch
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

11
1
7

11
1
7
0

MOTHER FATHER

(M. D. or other)
Date signed 8-4-41

W. J. ...

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 August 3, Registered Apprentice No. working under my personal supervision.

Signed Wm E Summerfield Licensed Embalmer No. 3007 P. O. Address 319 So 10 St Joseph

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.