

FILED
AUG 24 1943

Registration District No. 92

Primary Registration District No. 4153

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DADE
(b) City or town Lockwood, Mo.
(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 over forty years (Specify whether
In this community over forty years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Lockwood
(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. 0 years.

3. (a) PRINT FULL NAME Frank P. Mayberry

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

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

6. (b) Name of husband or wife Mary Olive Mayberry 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased August 28th 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 10 21 _____ hr. _____ min.

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

10. Usual occupation Retired stockman

11. Industry or business Richard Mayberry

12. Name Richard Mayberry
13. Birthplace N.J.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cook
15. Birthplace N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Mayberry
(b) Address Lockwood, Mo.

17. (a) Burial (b) Date thereof July 23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood, Mo.

18. (a) Signature of funeral director Gley Baldwin
(b) Address Lockwood, Mo.

19. (a) July 21, 1943 (b) Bernice McCann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1943 hour eleven minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-1-1943 to 7-10-1943.

that I last saw him alive on 7-10-1943, and that death occurred on the same date and hour, stated above.

Immediate cause of death Atherosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury D

23. Signature T. J. Combs (M. D. or other) _____
Address Lockwood Mo Date signed 7-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 843-920

Date Filed AUG 20 1933

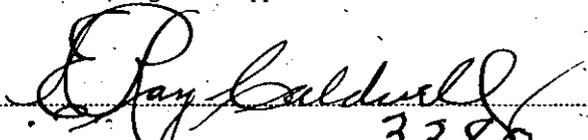
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3386

P. O. Address Lockwood, 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.