. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14775

Registration District No. 139 Primary Registration District No. 4770 Registrar's No. 34

**1. PLACE OF DEATH:**

(a) County Holt

(b) City or town Oregon
(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
In this community 4 Months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Holt

(c) City or town Forbes-Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ann McAfee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 (Month) 25 (Day) 1876 (Year)

8. AGE: Years 68 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles McAfee
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Baker
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Dewey McAfee
(b) Address Forbes, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 25 (Day) 1944 (Year)
(c) Place: burial or cremation Forbes, Missouri

18. (a) Signature of funeral director James H. Pettijohn
(b) Address Oregon Mo

19. (a) 4-25-44 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 22 year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to April 22, 1944, that I last saw her alive on April 21, 1944, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Aortic insufficiency | Aged |
| Due to — | |
| Due to — | |
| Other conditions — (Include pregnancy within 3 months of death) | |

92a

Major findings:
Of operations
Of autopsy none

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? none (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 E. F. Kearney (M. D. or other)
Address Oregon Mo Date signed 4/25/44

1183

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James K. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.**