V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26017

Registration District No. 378 Primary Registration District No. 6-2-8-6 4552 Registrar's No. 98

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

114 1 0

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mtn. Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114 0 0
(c) City or town MT Grove R.F.D. I 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 0

3. (a) PRINT FULL NAME Thomas Everett Mayberry
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Wolf Mayberry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 28 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	1	10	hr. min.

9. Birthplace Mountain Grove, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Mayberry
FATHER
12. Name Thomas Mayberry 0
13. Birthplace Mountain Grove Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maggie Turner
15. Birthplace ? 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mabel Mayberry
(b) Address Mtn. Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Stubbs Cemetery
18. (a) Signature of funeral director E. J. Barber
(b) Address Mtn. Grove, Mo.
19. (a) 7-18-44 (Date received local registrar) (b) H. M. Lower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1944 hour 8 minute 30 A 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.

Immediate cause of death Self inflicted gun shot wound in chest
Due to
Due to
164C
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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) Suicide
(b) Date of occurrence July 8 - 1944
(c) Where did injury occur? Mt Grove (City or town) Wright (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home farm 7 miles North
(Specify type of place)
While at work? No (e) Means of injury
23. Signature F. A. Stiffe Conner (M. D. or other)
Address Mansfield Mo Date signed July 8 44

1385 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744-867
Date Filed JUL 25 1944

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Warrenville

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.