

1939 MAY 10

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13843
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kant Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 504 Benton St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1597

2. PRINT FULL NAME

143 Robert Earl Mayfield
(a) Residence, No. 504 Benton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Mayfield</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk. 1865</u>		
7. AGE <u>74</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Mo. Pacific</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>no record</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>	
MOTHER	15. MAIDEN NAME <u>no record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Helen Meade</u> <u>1818 Rowland K.C. Kan.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Moriah</u> DATE <u>4-17</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs. C. L. Foster</u> <u>918 Brooklyn</u>		
20. FILED <u>4-16</u> 19 <u>39</u> <u>M. M. Crane</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1939, to 4-15, 1939.
I last saw him alive on 4-13, 1939. Death is said to have occurred on the date stated above, at 1175th.
The principal cause of death and related causes of importance were as follows:

Senility
97
Other contributory causes of importance:
Arterio sclerosis
gangrene right foot
Hypertension
Name of operation no Date of _____
What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify George V. Feist, M. D.
(Signed) _____ (Address) 762 Prof. Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Victor 3520 Miss Mayfield

11 A M - 5 P M
2. 18444
Prof. Bg

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 *Theron A. Redman*

Licensed Embalmer No. *2237*

P. O. Address *95 Brooklyn*

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, above space should be left blank.