

REC'D JUL 10 1939

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

21321
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Raw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 1122 Euclid 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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Bennie Mae Mayfield
(a) Residence, No. 1122 Euclid 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 Fe 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monroe Mayfield (Dec.)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. Self
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) Shreveport La
13. NAME Horace Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.
15. MAIDEN NAME Mollie Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlotte N. Car.
17. INFORMANT (ADDRESS) Tonnette Jones
1122 Euclid
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-27-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros.
2000 E. 12th
20. FILED 6/27 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939 to June 22, 1939
I last saw him alive on June 22, 1939 Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
92.0
Other contributory causes of importance:
Coronary Arteriosclerosis
Name of operation Clinical Date of 7/20
What test confirmed diagnosis? Clinical Was there an autopsy? Yes
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? 1
If so, specify
(Signed) M. M. Brown, M. D.
(Address) 1122 E 12

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.

WHILE I LIVE, WITH CHANGING MINDS—THIS IS A PERMANENT RECORD

I X18605

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.....

Edw. J. Evans

Licensed Embalmer No..... *3876*

P. O. Address.....

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.