

WED JUL 15 1940

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 229 West 73rd Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Over 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Clara F. Mayhood **300**

8. (b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife D. Curtis Mayhood 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 1st 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 1 If less than one day hr. _____ min.

9. Birthplace _____ (City, town, or county) Iowa (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Ferguson

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant D. Curtis Mayhood

(b) Address 229 W. 73rd Terrace

17. (a) burial (b) Date thereof 6/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) June 3, 1940 (Date received local registrar) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 229 West 73rd Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1940 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1939
to June 2, 1940
that I last saw her alive on May 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ends Curditi chronic 3 year
Duration _____

Due to _____ 920

Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (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 A. C. Payson (M. D. or other) _____
Address 404 1/2 W 25th Date signed 3, 40

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. 3738

P. O. Address D.C. M.

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.