

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24344**  
Registrar's No. **2954**

Registration District No. **e399**

Primary Registration District No. **1002**

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:  
**A.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days** (Specify whether  
In this community **19 Yrs.** years, months or days)

3. (a) PRINT FULL NAME **SAMUEL E. MAYES** *201*

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Mrs. Mayes** 6. (c) Age of husband or wife if alive **APP. 64** years

7. Birth date of deceased **April 28 1874**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **2** Days **21** If less than one day hr. min.

9. Birthplace **Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **Retire Machinist**

MOTHER FATHER  
11. Industry or business

12. Name **J. F. Mayes**  
13. Birthplace **Tenn** (City, town, or county) (State or foreign country)  
14. Maiden name **Anna Randall**  
15. Birthplace **Ky** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Mayes**  
(b) Address **3834 Bell St**

17. (a) **Removal** (b) Date thereof **July 24 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **W. T. Hope**

18. (a) Signature of funeral director **W. T. Hope**  
(b) Address **41+ State Lane**

19. (a) **July 24, 1940** (b) **M. M. Crowe**  
(Date received local registrar) (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. **3834 Bell** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22nd**  
year **1940** hour **4** minute **55 P** M.

21. I hereby certify that I attended the deceased from **July 18th 1940** to **July 22nd, 1940** that I last saw him alive on **July 22nd, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **22a**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature **Dr. R. R. Shaw** (M. D. or other)  
**Med. Dir. K. C. Gen. Hospital, K. C. MO.**  
Address Date signed

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
DIVISION OF ANATOMY  
1941

DEPT. OF HEALTH  
DIVISION OF ANATOMY  
1941

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
DIVISION OF ANATOMY  
1941

DEPT. OF HEALTH  
DIVISION OF ANATOMY  
1941

DEPARTMENT OF HEALTH  
DIVISION OF ANATOMY  
1941

**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 *D. Ross Blanford*  
Licensed Embalmer No. 4015  
P. O. Address 1815 W 41

**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.**