

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: S. E. Mo Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Maude Lillie Mayfield

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-D-7458

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
8 year 1940 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from 6:28
_____, 1940, to 7-6, 1940

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rayton Mayfield

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb 9 1899
(Month) (Day) (Year)

that I last saw her alive on 7-6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

8. AGE: Years 41 Months 4 Days 27
If less than one day hr. _____ min. 0

Duration _____

Due to (Prognosis based on biopsy)

Due to fractures

9. Birthplace Oak Ridge Mo
(City, town, or county) (State or foreign country)

Other conditions fractures
(Include pregnancy within 3 months of death)

Major findings: Of operations 46

Of autopsy _____

10. Usual occupation Shoe factory

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? 121
(Specify type of place) (e) Means of injury _____

MOTHER FATHER

11. Industry or business _____

12. Name Andrew Moore

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Marygata Boston

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maude Mayfield

(b) Address _____

17. (a) _____ (b) Date thereof July 8 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Crematory

18. (a) Signature of funeral director McComb

(b) Address Jackson Mo

19. (a) 7-7-40 (b) Jon. J. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature Edward M. Estes (M. D. or other) _____

Address Jackson Mo Date signed 7-7-40

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.

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.....

Thos. K. Allen

Licensed Embalmer No. 4055

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.