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.

MAR OCT 23 1940

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

32945
Do not use this space.

20

1. PLACE OF DEATH
(a) County Reynolds Registration District No. 748
(b) Township Logan Primary Registration District No. 5982 Registered No.
(c) City (d) Street No. 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.

2. PRINT FULL NAME James F Rayfield
(a) Residence, No. Ellington Mo St.
(Usual place of abode if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1854

7. AGE: YEARS 85 MONTHS 5 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Reynolds Co Mo. 1

FATHER
13. NAME James F Rayfield 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P Mo 9

MOTHER
15. MAIDEN NAME Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Mrs Leona Hodges Lesterville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellington Mo DATE 12-24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Croy Loechel Van Buren Mo.

20. FILED 6-10 1940 Essie Evans. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1936 to 12/23, 1939
I last saw him alive on 12/23, 1939 Death is said to have occurred on the date stated above, at 9:00 A m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

Date of onset

131

Other contributory causes of importance:
Chronic Nephritis
Arterio Sclerosis

Name of operation None Date of
What test confirmed diagnosis? 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
(Signed) [signature] M. D.
671 (Address) Ellington Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1040/021
Date Filed .....

## 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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**