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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42133

Registration District No. 160 Primary Registration District No. 5234 Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Washington Tp

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community All of life 2

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Newton Jasper Mayfeild

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 24 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Seline County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer 10

11. Industry or business

FATHER
12. Name J. A. Mayfeild 10
13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Polly Ann Harris
15. Birthplace Seline County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant J W Mayfeild

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mayfeild Cemetary

18. (a) Signature of funeral director W. C. Davis

(b) Address Stockton, Mo.

19. (a) Dec-24-40 (Date received local registrar) (b) Mrs. Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1940 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 29, to Dec 20, 1940 that I last saw him alive on Dec 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	2 dec
Due to Influenza	4 dec
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

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 James V. Hobert (M. D. or other) MD

Address Stockton Date signed 12-21-40

(Licensed Embalmer's Statement on Reverse Side)

James V. Flaherty

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 Melvin Church

Licensed Embalmer No. 3272

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.