

Registration District No. 413 Primary Registration District No. 5559.C. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Oronogo
(c) Name of hospital or institution:
2 miles north of Oronogo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 43 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Oronogo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John H. B. Mays
3. (b) If veteran, name war unknown
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6
year 1941 hour 2:00 minute A M.

4. Sex Male 5. Color or race W.
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Mrs. Apane Mays
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased October 17, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him and not see him alive
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 6 19 hr. _____ min.

Immediate cause of death Angina pectoris
Due to _____
Due to _____

9. Birthplace Morristown, Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business Farm
12. Name James C. Mays
13. Birthplace unknown, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Breeden
15. Birthplace no data, Tenn.
(City, town, or county) (State or foreign country)

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) (e) Means of injury _____
Signature W. A. Stebbins (M. D. or other) _____
Address Cartersville, Mo. Date signed May 6 1941

16. (a) Informant Widow Mrs. Apane Mays
(b) Address Oronogo, Mo.
17. (a) Burial (b) Date thereof 5/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Cemetery
18. (a) Signature of funeral director Wedge - Nelson
(b) Address Webb City, Mo.
19. (a) MAY 11, 41 (b) W. A. Stebbins
(Date received local registrar) (Registrar's signature)

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

1900

41-6-496

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

G. W. Hedger

Licensed Embalmer No.

2859

P. O. Address

Stebb City

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, fact should be so stated above.