

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30204
Registrar's No. 7543

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH
(a) County Howes
(b) City or town Howes
(c) Name of hospital or institution Missouri Pacific
(d) Length of stay: In hospital or institution 30 days
In this community 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Pulaski
(c) City or town North Little Rock, N.R.S.
(d) Street No. 817 W. 23rd
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME James Huston Mayes
3. (b) If veteran, name war no
3. (c) Social Security No. 702-18-2770

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 7th year 1941 hour 9:20 minute AM
21. I hereby certify that I attended the deceased from Aug 27 1941 to Sept 7th 1941
that I last saw him alive on Sept 6th 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single (widowed) married, divorced widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Bronchogenic carcinoma
Duration 3 weeks

8. AGE: 62 Years Months _____ Days 19 If less than one day _____ hr. _____ min.

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

9. Birthplace 1 Arkansas
10. Usual occupation Railroad Engineer
11. Industry or business O. R.

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Thomas M. Mayes
13. Birthplace 1 Alabama
14. Maiden name Knight
15. Birthplace 1 Alabama

16. (a) Informant Malcolm Mayes
(b) Address 817 W. 23rd St. N. Little Rock Ark.
17. (a) Removal (b) Date thereof Sept 7 - 1941
(c) Place: burial or cremation Little Rock Ark

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ Means of injury _____

18. (a) Signature of funeral director Giffordgett
(b) Address Little Rock Arkansas
19. (a) SEP 18 1941 (b) J. Bredbeck
(Date received local records) (Registrar's signature)

23. Signature J. Bredbeck (M. D. or other) MD
Address no pac bus Date signed 9-7-41

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

OCT 28 1941

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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

John Hetter

Licensed Embalmer No. *3880*

P. O. Address *St. Louis Mo.*

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.