

Registration District No. _____

Primary Registration District No. 1002

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County _____

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

(c) Name of hospital or institution: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week 0
(Specify whether)

In this community 1 Week
years, months or days

3. (a) PRINT FULL NAME Mrs. Martha Jane Mayfield

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Bates County Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name John M. Bennett

13. Birthplace Logan Co Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha M. Hannan

15. Birthplace Howard Co Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Secord Clark

(b) Address Wesley Hospital K.C. Mo

17. (a) Removal (b) Date thereof 3-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Mo

18. (a) Signature of funeral director J. A. Butters, Sr.

(b) Address 22 South 18th St K.C. Mo

19. (a) 3/14/42 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 080

(a) State Missouri (b) County _____

(c) City or town Green Ridge
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 5, 1942 to March 13, 1942 that I last saw her alive on March 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to apoplexy

Due to Chronic myocarditis

Other conditions 93 &
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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 _____

23. Signature J. A. Robertson, M.D. (M. D. or other) _____

Address 12 E. 17th St. K.C. Mo. Date signed 3/13/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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.....

Licensed Embalmer No. *Mo. 3426*

P. O. Address *Kansas City, Kansas*

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.