

No. 2
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5-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17378

FILED JUN 22 1942

Registration District No. 93

Primary Registration District No. 3006-5TT8

Registrar's No. 90

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2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ellis Fischel State Cancer Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard 45
 (c) City or town Fayette, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES WESLEY MAYES
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 23
 year 42 hour 9:25 minute A. M.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nattie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 7 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 6 16 _____ hr. _____ min.

Immediate cause of death _____
Carcinoma of Pancreas 5 M

9. Birthplace Lincoln Co., Missouri 0
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
H69

10. Usual occupation Farmer

Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Jasper Mayes
 13. Birthplace Lincoln Co., Missouri 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Farmer
 15. Birthplace Boone Co., Missouri 0
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Carcinoma of Pancreas
 Of operations _____
 Of autopsy Carcinoma of Pancreas
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nattie Mayes
 (b) Address Fayette, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 5-24-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rocky Fork

(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 _____

18. (a) Signature of funeral director Parker Funeral Service
 (b) Address Columbia, Missouri

23. Signature J. V. Akpan (M. D. or other) M.D.
 Address Cancer Hospital Columbia Date signed 5/23/42

19. (a) 5-24-1942 (b) Edna H. Barber
 (Date received local registrar) (Registrar's signature)

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

W. W. White

Licensed Embalmer No.

3893

P. O. Address

Columbia

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.