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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 107

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural (Brooking Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 mi N. W. of Lee's Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 0 0
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S W of Lee's Summit
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Stephen Jerry Mayes
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Clemmie Mayes
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept (Month) 21 (Day) 1867 (Year)

8. AGE: Years 75 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Wilson Co. (City, town, or county) Kan. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name William Mayes
13. Birthplace unknown (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Elizabeth Sullenger
15. Birthplace Joplin (City, town, or county) Mo (State or foreign country)
16. (a) Informant Claude Mayes
(b) Address Hickman Mills Mo R F D
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Buffalo Kan
18. (a) Signature of funeral director H. B. Langsford
(b) Address Lee's Summit Mo
19. (a) Jan 12 43 (Date received local registrar) (b) Mrs. A. E. Garvin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1943 hour 3:30 minute a M.
21. I hereby certify that I attended the deceased from 12-8, 1942, to 1-11, 1943
that I last saw him alive on 1-9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis about 5 yrs
Due to
Due to
Other conditions 93d
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other) M.D.
Address Lee's Summit Date signed 1/11/43

1157 (Licensed Embalmer's Statement on Reverse Side)

JUN 27 1950

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 B Langsford

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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.