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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22105

FILED JUL 10 1943

Registration District No. 268

Primary Registration District No. 5906 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Wardell 78
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country Citizen of U.S.A. 0

3. (a) PRINT FULL NAME Estella W. Mayfield

3. (b) If veteran, name war No

3. (c) Social Security No. Not Available

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Widowed

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased January 9, 1893
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	5	24	hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name John W. Winters
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James E. Bone

(b) Address Albuquerque N.M.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Missouri

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 6-24-43 (Date received local registrar) (b) J. L. Creasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from May 15, 1943 to June 3, 1943
that I last saw her alive on June 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to

Due to

Other conditions —
(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 [illegible] M.D. (M. D. or other) 0

Address Hayti, Mo. Date signed

570

(Licensed Embalmer's Statement on Reverse Side)

6-43-211

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 J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address Carutherville, 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.