

No. 2
-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22550
Registrar's No. 13

Registration District No. 323

Primary Registration District No. 6091

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Salt Pond Ferry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Mt. Leonard
(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 Nancy Milvina Mayfield

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 13 minute 30 P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Levi Mayfield

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 29th, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1943 to June 17 1943
that I last saw her alive on June 7 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 18
If less than one day hr. _____ min. _____

Immediate cause of death Chronic heart failure
4 weeks

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

Due Chronic endocarditis
Due to _____

10. Usual occupation House keeper

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

11. Industry or business _____

Major findings: 92
Of operations _____

12. Name Joseph Davis

Of autopsy _____

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

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

14. Maiden name Caroline Dennis

15. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Mayfield
(b) Address 114 Brooklyn AVE. R.C. Mo.

17. (a) Burial (b) Date thereof June 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Springs Cemetery

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall, Mo.

19. (a) June 26-43 (b) Mrs. Don Hoffman
(If no received local registrar) (Registrar's signature)

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: W. D. Marshall (M. D. or other) _____
Address Marshall, Mo. Date signed 6-17-43

1218 (Licensed Embalmer's Statement on Reverse Side)

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

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JUL 2 1970

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 *Jan H. Lewis*.....
Licensed Embalmer No. *1171*.....
P. O. Address *Marshall 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.