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36671

FILED APR 26 1944

Registration District No. 172

Primary Registration District No. 5706

Registrar's No. 8

1. PLACE OF DEATH:

(a) County MCDONALD

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

(c) Name of hospital or institution:
Anderson Mo. R.F.D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs. (Specify whether years, months or days)

In this community 2 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDONALD

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

(d) Street No. Anderson Mo. R.F.D.
(If rural, give location) No.

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM ANDREW MAYFIELD

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

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

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

7. Birth date of deceased NOV 20, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name JOHN MAYFIELD

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

14. Maiden name MARY HARMON

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. MAYFIELD

(b) Address Anderson Mo.

17. (a) Burial (b) Date thereof 3-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo.

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman Mo.

19. (a) 4-10-44 (b) Virginia Buck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug. 10, 1944 to Jan. 30, 1944 that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Central embolage

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

Where at work _____ (Specify type of place) Means of injury _____

23. Signature Virginia Buck (M. D. or other) _____

Address Anderson Mo Date signed 4-1-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1324

RECEIVED
District Health Officer No. 028
District File Number 444-008
Date Filed APR 10 1944

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.....

P. O. Address.....

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.