S. No. 2
DM—2-43
. 5-17-39
I X35697

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. 21569

FILED JUL 10 1944

Registration District No. [illegible] Primary Registration District No. 5466 Registrar's No. 534

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, S. Campbellton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp 16 days (Specify whether N)
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Marionville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ~~Fredrick Franklin Mayhew~~

3. (b) If veteran, name war Unk.

3. (c) Social Security No. None

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife Cora L. Mayhew

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

7. Birth date of deceased November 24, 1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 2 If less than one day hr. min.

9. Birthplace UNK. (City, town, or county) Michigan 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Edwin Mayhew
13. Birthplace UNK. (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace UNK. (City, town, or county) UNK. 9 (State or foreign country)

16. (a) Informant Mrs. W. E. Gardner
(b) Address 1528 S. Ind. Tulsa, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo

19. (a) 6-26-44 (Date received local registrar) (b) S. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from June 10, 1944 to June 26, 1944 that I last saw him alive on June 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration

Following: Transurethral prostatic resection

Due to enlarged prostate

Due to

Other conditions (Include pregnancy within 3 months of death) 137a

Major findings: Of operations hypertrophied prostate

Of autopsy

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 William L. Wood (M. D. or other) MD

Address Springfield, Mo. Date signed June 27 1944

447 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 44-7-54
Date Filed

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 Vernon Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.