

FILED SEP 13 1944

State File No. _____

Registration District No. 275

Primary Registration District No. 4478

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Schuylers

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers

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

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

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Paul Parker Mayo

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1944 hour 8 minute P. M.

4. Sex male 5. Color or race White

6. (g) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Mayo 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 7 29 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug, 1943, to Aug 6, 1944; that I last saw him alive on Aug 6, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 0 Days 7 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of stomach

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

Due to _____

Due to _____

10. Usual occupation Hardware

Other conditions (Include pregnancy within 3 months of death) H6 f

MOTHER FATHER { 11. Industry or business _____

12. Name Thomas Mayo

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

14. Maiden name Ruth Parker

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations H6 f

Of autopsy _____

16. (a) Informant Deverey Turner

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 8 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F. O. S. Cemetery

18. (a) Signature of funeral director W. O. Benton

(b) Address Lancaster, Mo.

19. (a) Aug 8 1944 (b) A. D. Justice
(Date 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature R. E. Vaughn (M. D. or other) P. O.

Address Lancaster, Mo Date signed 8/7/44

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1587

Date Filed SEP 12 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

P. O. Fenton

, Registered Apprentice No. 3705

working under my personal supervision.

Signed

P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.