

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 hours
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Julia Ann Rayfield
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex fem | 5. Color or race white | 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James R. Rayfield | 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased March 15 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 { 12. Name Benjamin Mackey
 { 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 { 14. Maiden name unknown
 { 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Arnold V. Mann

(b) Address 4269 Botanical, St. Louis
 17. (a) burial (b) Date thereof 10-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address G. J. White Ironton Mo.

19. (a) Nov 1, 1944 (b) Martha E. Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Iron 47
 (c) City or town Middlebrook 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
 year 1944 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from Oct. 27 1944 to Oct. 28 1944;
 that I last saw her alive on Oct. 28 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Burns, 2° + 3°, neck, trunk, arms, legs. 1 day

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

Major findings:
 Of operations 181/15
 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) accident 047
 (b) Date of occurrence 10-27-44
 (c) Where did injury occur? Middlebrook Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
 (e) Means of injury clothing caught fire

23. Signature Bruce Bull (M. D. or other) M.D.
 Address Ironton, Mo. Date signed 10-30-44

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

17, 0

RECEIVED

District Health Officer No. 4
District File Number 1144-4508
Date Filed 11-7-44

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 Arvid J. White
Licensed Embalmer No. 3012
P. O. Address Smilow Ave.

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.