

FILED DEC 22 1944
Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **5055**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution R. C. T.B. Hospital **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 m 6 d
(Specify whether years, months or days)
 In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2618 Kensington
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME Hobart Mayfield
3. (b) If veteran, name war No
(c) Social Security No. 491-10-5719

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 10
 year 1944 hour 11:52 minute P. M.
21. I hereby certify that I attended the deceased from 11-4-44
 _____, 19____, to 12-10, 1944
 that I last saw h. l. m. alive on 12-10, 1944
 and that death occurred on the date and hour stated above.

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married 3 divorced divorced
(b) Name of husband or wife Unknown
6. (c) Age of husband or wife if 14 years
7. Birth date of deceased 10 14 1886
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis **1 yr**
 Due to _____
 Due to _____

8. AGE: Years 58 Months 1 Days 26
 If less than one day _____ hr. _____ min.
9. Birthplace Red River Co. Texas
(City, town, or county) (State or foreign country)

Other conditions 13 yr
(Include pregnancy within 3 months of death)

10. Usual occupation Telegraph operator
11. Industry or business Grain Co.
MOTHER FATHER
12. Name John B. Mayfield
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Luella Brown
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy Exam
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Reverend R. C. T.B. Hoop
(b) Address Leads Mo.
17. (a) Burial **(b) Date thereof** 12-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem
18. (a) Signature of funeral director Melody M. Kelley
(b) Address K.C. Mo.
19. (a) 12-13-44 **(b) N. E. Brown**
(Date received local registrar) (Registrar's signature)

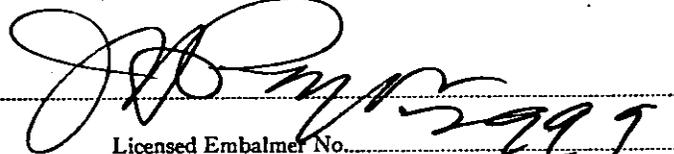
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ **(Specify type of place)**
(c) Means of injury 0
23. Signature Maureen J. Room (M. D. or other)
Address Leads Mo. **Date signed** 12/11/44

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.....


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.