V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1945

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 13964

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(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)
In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. Winter St
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carolyn Ann Mayfield

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife [illegible]

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

7. Birth date of deceased March (Month) 22 (Day) 1944 (Year)

8. AGE: Years ..... Months 10 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Monroe City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name John H. Mayfield
13. Birthplace Marion County (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name Edna L. Talton
15. Birthplace Monroe County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ray H. Mayfield
(b) Address Monroe City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hunnewell Cemetery

18. (a) Signature of funeral director [illegible] & Sons
(b) Address Monroe City Mo

19. (a) 4/23/45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Feb 17 1945 to Feb 19 1945 that I last saw her alive on Feb 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malnutrition	6 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 158
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Monroe City Mo Date signed 3/21/45

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Bruce

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.