S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11865

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community 4 Years

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

3. (a) PRINT FULL NAME George Levi Mayfield
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy Mayfield
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 10 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	11	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Amos Mayfield
13. Birthplace (City, town, or county) Penn. (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant James H. Mayfield
(b) Address 576 S-Lafayette, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Salt Springs cemetery
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.
19. (a) March 3-46 (Date received local registrar) (b) Mrs T.O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1946 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec 12-45, 19..., to March 21, 1946, that I last saw him alive on March 21, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Myocarditis.
Due to Senility.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 932

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 John R Spurrier (M. D. or other)
Address Marshall Date signed March 25

294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-12-46

APR 18 1946

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 Jas. N. Penn

Licensed Embalmer No. 1171

P. O. Address Marshall 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11865

Registration District No. 324 Primary Registration District No. 3072 Register's No. 56

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community ~~Over 50 years~~ ~~4 years~~

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

3. (a) PRINT FULL NAME George Levi Mayfield
(b) If veteran, name war
(c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Nancy Mayfield
(c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 10 (Day) 1867 (Year)
8. AGE: Years 78 Months 5 Days II If less than one day hr. min
9. Birthplace Miami, Missouri (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Stephen ~~Unknown~~ Mayfield
13. Birthplace Augusta Co., (City, town, or county) Virginia ~~Penn.~~ (State or foreign country)
14. Maiden name ~~Unknown~~ Lavinia Gorrell
15. Birthplace ~~Unknown~~ Virginia (City, town, or county) (State or foreign country)
16. (a) Informant James H. Mayfield
(b) Address 676 S-Lafayette, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Salt Springs cemetery
18. (a) Signature of funeral director Campbell Funeral
(b) Address Marshall, Mo.
19. (a) March 25-46 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1946 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec 12-45, 19..., to March 21, 1946
that I last saw alive on March 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
#1,9,12,13,14,15 by affidavit of fun. dir.
10-27-71

Duration

Due to Myocarditis.

Due to Senility.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 932

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)
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While at work? (e) Means of injury

23. Signature John R Fourmee (M. D. or other)
Address Marshall Date signed March 25

(Licensed Embalmer's Statement on Reverse Side)