

STANDARD CERTIFICATE OF DEATH

State File No. **13644**

**FILED** APR 17 1946

Registration District No. **58**

Primary Registration District No. **2001 5581**

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Lone Elm Dist., RR #3  
(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 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Artie Mishia Mayfield

3. (b) If veteran, name war \*\*\*

3. (c) Social Security No. \*\*\*

4. Sex Fem / 5. Color or race W

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

6. (b) Name of husband or wife Jack Mayfield

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

7. Birth date of deceased October 9, 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>6</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Home duties

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Taylor Smith

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

14. Maiden name Southard

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

16. (a) Informant Mrs. E. A. McCorkle

(b) Address Carl Junction, Missouri

17. (a) Burial (b) Date thereof 3-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PEACE

18. (a) Signature of funeral director Williams Und. Co.

(b) Address Goodman, Missouri

19. (a) 3-11-46 (b) Bevie Pearson, D.R.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Joplin Rural **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Lone Elm RR #3 **0**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1946 hour 6 minute 46 P.M.

21. I hereby certify that I attended the deceased from Feb 5, 1946  
to March 7, 1946  
that I last saw her alive on March 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Duration approx 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: 13/5

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 work) (e) Means of injury

23. Signature J. P. Pinkston, D.O. (M. D. or other) **13**

Address Carl Junction, Mo Date signed 3/8/46

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

13000 Fulton V

46-300267

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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.....  
*Henry K. Herbert*

Licensed Embalmer No.....  
*959*

P. O. Address.....  
*Spring Hill*

**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.**