

Registration District No. 289

Primary Registration District No. 5982

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Red Top (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 miles S.W. of Red Top.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Red Top (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles S.W. of Red Top  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Nancy Jane Mayfield  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1946 hour 5:15 minute 2 M.

I hereby certify that I attended the deceased from on  
March 15 1946  
that I last saw her alive on March 15 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert J. Mayfield  
6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Oct. 1, 1863  
(Month) (Day) (Year)

Immediate cause of death Chronic Parenchymatous Nephritis Duration years  
Due to ages & Hypertension !  
Due to arterio Sclerosis !

8. AGE: Years 80 Months 8 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions none  
(Include pregnancy within 3 months of death)

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

10. Usual occupation House wife

11. Industry or business House work

12. Name Henry Dodd 9

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

14. Maiden name Mattie Fust

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

16. (a) Informant: Robert J. Mayfield

(b) Address Red Top, Mo.

17. (a) burial (b) Date there June 3 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Springs

18. (a) Signature of funeral director Willard R. Carwin  
(b) Address Pleasant Hope, Mo.

19. (a) 6-15-46 (b) R. M. [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none  
Of autopsy 32, none

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 G. B. Plummer (M.D. or other) MD  
Address Buffalo, Mo. Date signed 6-14-46

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

MOTHER, FATHER

