

FILED NOV 21 1946

Registration District No.

Primary Registration District No. **3003**

Registrar's No. **88**

1. PLACE OF DEATH:

(a) County **Barry**  
(b) City or town **Monett**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1202 East Broadway 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether)  
In this community **39 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry 5**  
(c) City or town **Monett 2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1202 E Broadway 1**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **none**

3. (a) PRINT FULL NAME

**JAMES ALVIS MAYFIELD**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **MO** 5. Color or race **W**

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

6. (b) Name of husband or wife **Lora Isabel Mayfield** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **January 2- 1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **29** If less than one day hr. min.

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

10. Usual occupation **Retired Carpenter**

11. Industry or business **None**

12. Name **John Alexander Mayfield**

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

14. Maiden name **Emma Johnston**

15. Birthplace **Hancock Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Business L. Mayfield**

(b) Address **RF 91 Monett Mo**

17. (a) **Burial** (b) Date thereof **Nov 5 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **2007 - Monett Mo**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett Mo**

19. (a) **11-4-46** (b) **W. M. West**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November 1**  
year **1946** hour **About 8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apparently Heart Attack** Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **95C**

Of autopsy \_\_\_\_\_

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? **3**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. D. Buchanan** (M.D. or other) \_\_\_\_\_

Address **Monett Mo** Date signed **11-2-1946**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1146-1156

Date Filed NOV 29 1916

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 [Signature]  
Licensed Embalmer No. 3120  
P. O. Address [Signature]

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.