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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13153

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 377

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
2043 N. Main Ave., /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene. 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2043 N. Main Ave., 6
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Louella Mayfield

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 20
1947 to April 22, 1947
that I last saw him alive on April 2, 1947
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 Malhon T. Mayfield 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan. 19, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>3</u>	hr. min.

Immediate cause of death
Coronary artery of the
heart
fractured on the lower
tip

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER { 12. Name Hardin Hadlock

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

14. Maiden name Lavinia Stockton.

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

16. (a) Informant Malhon T. Mayfield

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 4-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Woltinger & Co.

(b) Address Springfield Mo.

19. (a) 4-23-47 (b) W. E. Handley M.D.
(Date received local report) (Registrar's signature)

Major findings:
Of operations _____

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?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) M.D.
Address Spfld, Mo. Date signed April 23, 1947

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Ogle Stone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield

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: