

No. 300  
4-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH,

State File No. 8824  
Registrar's No. 1142

FILED MAR 20 1948  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5113 SOUTH BENTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 48 YEARS  
years, months or days)

3. (a) PRINT FULL NAME MR JAMES MACAULEY MAYES  
(b) If veteran, No name war  
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. MANIE ETHEL MAYES 6. (c) Age of husband or wife if alive 65 years  
7. Birth, date of deceased DECEMBER-12-1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 32 hr. min.

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

Usual occupation RETIRED-13 YEARS VETERAN INSURANCE  
Industry or business U.S. GOVERNMENT

12. Name JAMES MAYES  
13. Birthplace INDIANA  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY JONES  
15. Birthplace INDIANA  
(City, town, or county) (State or foreign country)

Informant MRS. MANIE ETHEL MAYES  
Address 5113 SOUTH BENTON

16. (a) Burial URIAL (b) Date thereof MARCH-13-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. MORIAH CEMETERY

17. (a) Signature of funeral director A. H. Holloman  
(b) Address 1401 BRUSH CREEK BLVD.  
(c) 3-13-48 (d) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5113 SOUTH BENTON  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 11<sup>TH</sup>  
year 1948 hour 9 minute 00 A.M.  
21. I hereby certify that I attended the deceased from  
Feb. 1948 to Mar 12 1948  
that I last saw him alive on Mar 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial failure Duration  
Due to Cerebral hemorrhage 2 hr  
Due to Hypertension ?

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: 93 d  
Of operations \_\_\_\_\_  
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 place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Sheraldine Holmes (M. D. or other) MD  
Address 4502 E. 2<sup>nd</sup> St Date signed 3/12/48

4704 East 24th Street

**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 Jess T. Dews  
Licensed Embalmer No. 11453  
P. O. Address 2500 East 24th Street

**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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Jackson } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 1142

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of March, 1948, before me appears \_\_\_\_\_

Mrs. J. M. Mayes, who, upon her oath, states that the original record of ~~birth~~ death  
for James Macauley Mayes died March 11th, 1948, in the State of  
Missouri, and which was filed at Kansas City on March 13, 1948, should be corrected as follows:

Item No. 7 should read December 12, 1873

Instead of December 12, 1874

Item No. 8 should read 74 - 2 - 29

Instead of 73 - 2 - 29

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. J. M. Mayes wife  
Relationship.

5113 So Benton  
Present Address.

Subscribed and sworn to before me this 22nd day of March, 1948.

My Commission Expires Apr. 27, 1949  
W. M. Lynn Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-8824