

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, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Hrs.
(Specify whether
In this community 25 Hrs
years, months or days)

3. (a) PRINT FULL NAME Opal Faye Mayes

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased June 13 1948
(Month) (Day) (Year)

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

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

10. Usual occupation infant

11. Industry or business

MOTHER FATHER { 12. Name Solomon Clifford Mayes
13. Birthplace POLA, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Katherine E. Mary
15. Birthplace Kingston, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Solomon Clifford Mayes

(b) Address Kingston, Mo.

17. (a) burial (b) Date thereof 6-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Mo

18. (a) Signature of funeral director Brauner Clark

(b) Address Kingston Mo

19. (a) 6-15-48 (b) Seraldine Helmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Kingston, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-15 day 15
year 1948 hour 3 minute esp. M.

21. I hereby certify that I attended the deceased from 6-14-48 1948, to 6-15-48 1948,
that I last saw her alive on 6-15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Virus pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 109A

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 H. M. Hulshy (M. D. or other)

Address 1624 Prof Bldg Date signed

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Md

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.