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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 10 1948
REGISTRATION DISTRICT NO. 274
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
PRIMARY REGISTRATION DISTRICT NO. 3056

State File No. **23905**
Registrar's No. **209**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph** 88
(c) City or town **Clifton Hill**
(If outside city or town limits, write "RURAL") /
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Martin Edgar (Ed) Mayo**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Maud Mayo** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **December 11 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 17 hr. min.

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

10. Usual occupation **vice president of bank**

11. Industry or business **Farmers Savings Bank**

MOTHER FATHER { 12. Name **Porter Mayo**
13. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Maggie Stark**
15. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maud Mayo**
(b) Address **Clifton Hill, Missouri**

17. (a) **burial** (b) Date thereof **7/30/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clifton Hill, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**
(b) Address **Huntsville, Mo.**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature) **21.9**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1948** hour **10:10** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **May 23rd**
19 **48** to **July 27** 19 **48**
that I last saw him alive on **July 27** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Left Upper Lobe Pneumonia Stage

Due to **Chronic Monocytic Leukemia 6mo.**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **74**
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 **U**

23. Signature **JWS Henry** M. D. Registrar
Address **300 Luke Road Moberly Mo.** signed **2 Aug 48**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1949

RECEIVED
District Health Officer No. 10
District File Number 8-48-141
Date Filed AUG 9 - 1948

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 Paul J. Patton
Licensed Embalmer No. 4095
P. O. Address Huntsville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.